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ABSTRACT

A core group of pre-kindergarten through fourth-grade teachers and staff at a private day school were given in-service training to meet the special education needs of students. Training aimed to prepare personnel to identify students with mild handicaps, refer more severely handicapped students for diagnosis, and teach students with special education needs. Staff receiving training were to serve other school personnel as resources. The in-service program aimed to increase participants' knowledge about special education, improve faculty and staff attitudes toward special education in the regular classroom, and lead participants in the development of a program manual for special education. Instruction was provided in 12 training sessions, each 45-minutes in duration, held twice weekly for 6 weeks. It focused on screening procedures and assessment techniques, mental retardation, learning disabilities, emotional disturbance, speech and language disorders, hearing impairment, visual impairment, giftedness, mainstreaming, and a review of current research in special education. In addition, participants were trained to conduct peer training and collegial supervision. Evaluation data indicated that practicum objectives were attained. Appended are instruments used to gather data, a 100-item test of knowledge about special education, outlines of each training session, a summary statement of myths and facts about each exceptional condition, and a general outline of the special education procedures manual. (RH)

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Inservice Training In Special Education

For Classroom Teachers

Kindergarten Through Grade 3

PS 015359

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NOVA UNIVERSITY

Inservice Training In Special Education For Classroom Teachers - Kindergarten Through Grade 3

by

Wendell M. Howze

Cluster XVII

A Practicum Report Presented to the Ed D. Program
in Early Childhood
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

NOVA UNIVERSITY

1985

PRACTICUM APPROVAL SHEET

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Approved:

July 9, 1985
Date of Final Approval of Report

Jeri Sorosky, Ed.D.

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ABSTRACT

Inservice Training In Special Education For Classroom Teachers - Kindergarten Through Grade 3. Howze, Wendell M., 1985: Practicum Report, Nova University Ed.D. Program in Early Childhood.
Descriptors: Exceptional Education / Special Education / Mainstreaming / Inservice Training / Private Schools / Teacher Education / Teacher Attitudes / Disabilities

This practicum involved finding a solution to the problem of the lack of training, knowledge and procedures to deal with students with special education needs in the regular classroom. The setting was a private day school with few in-house resources beyond the classroom teacher.

The writer's goals were: (1) to increase the training participants' cognitive knowledge concerning special education practices and procedures; (2) to move in a positive direction teachers' attitudes toward students with special education needs; and (3) to develop a special education procedures manual for the school. To meet these goals, an inservice training program was developed which would prepare regular classroom teachers to identify, refer for diagnosis and teach students with special education needs. Only a portion of the staff was trained with the idea that they would become trainers for the remaining staff.

The participants showed an increase in cognitive knowledge as measured by a cognitive test; showed a change toward the positive in attitude toward special education students as measured by an attitude survey; and developed a draft of a procedures manual which was rated between adequate and very good by an independent panel of special educators.

CHAPTER 1

INTRODUCTION

The School Setting

The setting for this practicum project was a private school providing care and education for children age 2 through age 10. Children up to age 4 are served by the daycare facility. Children ages 4 through 10 are served by a pre-kindergarten through grade 4 primary facility. Enrollment for the 1984-1985 school year was 495 children, 295 in daycare and 200 in primary. Tuition ranged from $936 to $1,095, depending upon the age and grade level of the child.

This school is sponsored by a non-denominational Christian church, but church membership is not a requirement for enrollment. The school is 1 of 49 private religious day schools in the locale. The combined enrollment of these private religious day schools is 12,195 students, compared to the public school system, which serves approximately 85,000 students (Pugh, 1984, p. 8D).

While not all private religious day schools are accredited, this school is accredited by the Florida Association of Christian Colleges and Schools. Further, this school must adhere to the standards established and administered by the Nonpublic Educational Services

Division of the Florida Department of Education.

The faculty and staff consist of a school director, 12 primary teachers, 12 daycare teachers, 4 primary teacher aides, 4 daycare assistants, a physical education specialist, an art specialist, 2 music specialists, 1 foreign language specialist (Spanish) and a librarian. While not formally a part of the staff, a number of parent volunteers work on a regular weekly schedule assisting with the children and in office duties.

All teachers have at least a bachelor degree, and the average teaching experience is eight years. Teacher aides and daycare assistants have a minimum of 12 college credits in early childhood education. All specialists are degreed personnel with training in their area of specialization. Four of the 12 primary teachers are designated as grade level department heads and receive additional salary for this responsibility. All faculty and staff meet or exceed the minimum qualifications required by the county licensing board and the State of Florida (B.J. Fine, personal communication, July 2, 1984).

Only a portion of the faculty and staff was involved in this practicum project. Those involved included the school director, the four grade level

department heads, three teacher aides and the physical education specialist. This core group received training and then served as resource personnel for the remaining faculty and staff.

The daycare facility emphasizes directed play and free play activities and generally follows a Piagetian approach to development. The primary facility uses a curriculum which emphasizes reading with a phonics base and a traditional mathematics curriculum emphasizing basic computation and mathematical reasoning skills. In addition, cultural enrichment and physical activity is provided by a daily program of music, Spanish and physical education (Fine, 1984).

The school's main facility is 10 years old, with 15 classrooms, a media center, school office, conference rooms and teacher work areas. There are two play areas. The preschool play area is approximately 75 feet wide by 660 feet long. The primary play area is approximately 150 feet wide by 660 feet long. In addition, 12 small residences surrounding the facility have been purchased and converted into daycare buildings.

Based on interviews with the grade level department heads and the school director, there appeared to be several positive and negative factors in the school

setting that might have affected the planning, implementation and outcome of this practicum project. It was clear that the school faculty and staff was enthusiastic about the possibility of providing for the needs of special education students. With previous problems, the staff has proven dedicated and innovative in finding and accomplishing solutions. Teachers routinely put in more time than their contracted workday when students and parents need assistance.

As with most private schools, this school lacks the financial resources and manpower available to public schools. In this setting, it is not feasible to hire school psychologists, social workers and staffing and resource specialists to develop and implement exceptional education programs.

The Community

The urban/suburban community served by this school had a population of 721,727 according to the 1980 U.S. census. It is a rapidly growing community with a projected 1985 population of 801,000. There is an equal mix of urban and suburban living, with almost no rural area. Economic activities are mostly light manufacturing and service industries and professions. Retired persons make up 39 percent of the population and the median age

is 40. The median yearly income is $15,370, placing the majority of the population in the middle and upper middle socioeconomic status (Morris, 1983).

While the school does not adhere to any geographic, religious, racial or income restrictions on admissions, the realities of geographic distance, church sponsorship and tuition level dictate that the school population is mainly middle class, mainly white children of parents in the professions living in the central and southern portions of the county. As well, most parents belong either to the congregation of the sponsoring church or another church in the community. One factor that could have had impact on this practicum was that, according to most recent school records, 32 percent of the students have parent(s) employed by public or private schools and colleges.

The Consultant

This writer, who has full responsibility and authority for planning, implementing and evaluating this practicum project, is an educational consultant in private practice who has been contracted to assess the inservice training needs of the school, develop a master plan for training programs and evaluate the success of the programs. This practicum is the first of four

major training programs to be developed and implemented over the next three years. The area addressed in this practicum project and the other three areas to be conducted were identified from a needs assessment done in the spring of 1984, with follow-up interviews with the school director and department heads in the spring and summer of 1984.

The consultant's background includes 17 years teaching experience in public and private schools in the states of Florida and Tennessee. This experience includes teaching grades 5 through 12, undergraduate and graduate students. In addition to the consulting practice, this consultant directed a program for the gifted in a public school at the beginning of the practicum project, is currently area health coordinator for the countywide school system, and is an adjunct graduate-level instructor in health education and special education for a private university.

Since consultants come in garden varieties, an understanding of this consultant's philosophy of consulting as it relates to inservice training of teachers seems important to an understanding of the practicum setting.

Consultation within a school requires awareness of

the personal needs and priorities of those consulted with, as well as the terminal recipients of the consultation, the students. Effective consultation is well planned and follows predictable stages leading to the consultant leaving the setting with ongoing policies, procedures and programs in place. Dustin and Ehly (1984) have developed a model of consultation favored by this consultant.

This model is broad enough for all school consulation, yet specific enough to adapt to the diverse needs of individual schools. The model sets down five phases of effective consultation and the skills needed in each phase (Dustin & Ehly, 1984, p. 25):

1. Phasing in - relationship skills, active listening

2. Problem identification - focusing, paraphrasing, restating, goal setting, commitment

3. Implementation - feedback, formative evaluation, flexibility

4. Follow-up - evaluation of implementation, risk-taking, persistence

5. Termination - evaluation of consultant, giving feedback, accepting feedback, providing for continuation in the setting

Using this general model in the specific setting described, this consultant's responsibilities were:

1. Designing an inservice training program in special education for teachers of pre-kindergarten through grade 3.

2. Developing training procedures.

3. Developing training materials.

4. Presenting the training.

5. Assisting the training group in developing a master plan and procedures manual for special education.

6. Assisting the training group in serving as resource personnel for the remaining school faculty and staff.

7. Evaluating the training group's success in implementing a special education program.

8. Providing follow-up consultation if needed.

The central focus of this consultant's work, then, was to improve the school's delivery system through inservice training to mildly handicapped children and other children needing special education services. This consultant agrees with Medway's review (1979) of the consultation process, which indicates that consultation can be effective in changing teachers and ultimately pupil behavior and attitude.

Definition Of Terms

Before closing this introduction to the practicum setting, it seems appropriate to establish a common usage for the terminology in the practicum report. Special education has become a generic term with multiple synonyms. So that the reader can wind through the technical argot of educational language in general, and the language of special education specifically, the following terms will be used in this practicum report as defined below.

Special education - those specially-designed curriculum and instruction techniques which meet the needs of exceptional students; also may be called exceptional education.

Exceptional children - those children who have been diagnosed as mentally retarded, learning disabled, emotionally disturbed, speech and language impaired, hearing impaired, visually impaired, physically handicapped, gifted and who require special services to realize their potential.

Screening - the process by which school populations are examined for exceptionalities.

Referral - the process by which those identified through screening are further examined and tested to

confirm or deny the screening results.

Diagnosis - establishing a specific set of descriptions or labels for the condition(s) which place the child in an exceptionality.

Assessment - the process of screening, referring and diagnosing children who indicate a need for special education services.

Classroom intervention - techniques for use with special education students in the regular classroom.

Mildly handicapped - those students who can be best served by the regular school and classroom environment without the need for resource specialists or outside intervention.

Mainstreaming - placing the student in the least restrictive educational environment.

Lastly, since no single program can realistically provide for all levels of severity and meet all the needs of the handicapping condition, this practicum limited itself to the mildly handicapped child with procedures established to provide for more serious handicapping conditions outside the school setting.

CHAPTER II

STUDY OF THE PROBLEM

Problem Situation

In the 10 years this school has existed, its purpose has changed from the initial daycare through pre-kindergarten program to a daycare through primary grade 4 program. As the school population increased and as the emphasis expanded from daycare to more formal education, children with learning needs related to special education causes began to show up. While not a direct causative factor in this setting, it is worthwhile to note that this increase is consistent with national trends which show an increase in children with physical, emotional and learning disabilities. This increase is mostly likely a result of medical intervention during the pre- and post-natal period which has decreased infant mortality rates and increased the number of infants who survive with impaired functions (Reich, 1984).

The school director began to notice the increase when the kindergarten classes were begun in 1978 (B.J. Fine, personal communication, April 16, 1984). With the instructional emphasis moving away from free play and directed play toward formal learning, some children began to have relatively serious and ongoing learning problems. The faculty and staff began to receive requests from

parents for testing and remedial help for their children. These requests were handled in an informal manner with the classroom teacher using observation, some individual standardized testing and professional judgment in diagnosing the problem and designing remediation. As is consistent with the literature (Hatoff, Bryan & Hyson, 1981), this stop-gap, hit or miss, informal procedure did not serve well and, in fact, created concommitant problems of frustration on the part of parents, children and teachers (Lerner, Mardel-Czudnowski & Goldenberg, 1981).

In 1979, the school instituted a formal screening program for hearing and vision using volunteers from a local civic group. This screening was administered to all first-graders in the first month of the school year. The vision screening used the well-known Snellen chart to measure visual acuity. This screening method is valuable for discerning gross vision acuity problems, but does not indicate problems with vision that can affect reading ability (Hallahan & Kauffman, 1982, p. 240). As a first step, these screenings were admirable but not adequate.

In 1980, a screening program was started to measure intelligence and achievement. In the spring of each year, all first graders are administered a standardized

intelligence test. Also in the spring, all grades 1 through 4 are given a standardized achievement test. The Metropolitan Achievement Test is used to measure achievement and the Otis-Lennon Intelligence Test is used to measure intelligence. No follow-up program has been developed and test scores are filed in the child's permanent record to be consulted only if individual staff and faculty desire. Further, the staff has received no specific training in test-score interpretation or in classroom strategies for assisting students who may display problems related to intelligence or achievement.

Beyond these few measures, no provisions existed for screening, identifying, referring, diagnosing or classroom intervention for students who have special education needs. These surface procedures reflected both the faculty's and staff's desire to provide for all children, including special education students, and the frustration felt by faculty and staff due to the lack of training needed to develop a comprehensive program of special education for students needing such services.

During a staff meeting held in April of 1984, this training consultant led a discussion of the school program and the strengths and weaknesses related to the education of children. Faculty and staff identified,

among other needs, the need for a comprehensive program to serve children with special education needs. The faculty expressed frustration regarding the lack of skills, training and resources for special education. After much discussion as to what handicapping conditions could be adequately served within the school setting, given the school's assets and limitations, a commitment was made by the group. It seemed clear to the faculty and staff that a program needed to be developed that would accomplish:

1. A method for serving the mildly-handicapped student within the school setting.

2. A method for referral of more serious handicapped students to other more appropriate educational environments.

3. Both of the above accomplished within the regular classroom, avoiding the need for new personnel or activities.

In order to establish some parameters as to the scope of the need, teachers were asked during the meeting to estimate, based on their intuition and professional judgment, what percentage of students currently enrolled might benefit from special education intervention in the regular school setting. Common agreement set a minimum

figure of 10 percent of the primary school population, or approximately 22 students. At this point, no attempt was made to discern a breakdown of this figure by handicapping condition. The figure is consistent with the literature, which offers estimates ranging from 7 percent to 12 percent (Hallahan & Kauffman, 1982; Lerner, Mardell-Czudnowski & Goldenberg, 1981; Hatoff, Byran & Hyson, 1981; S.J. Meisels, personal communication, October 13, 1984). This estimate also provided some justification for the time, effort and expense involved in designing and implementing an inservice training program that enables the faculty and staff to develop and implement a comprehensive program of screening, identification, referral, diagnosis and classroom intervention for special education students.

The problem that clearly emerged from this meeting in April of 1984 was that the faculty and staff did not believe they currently had the skills and training to adequately meet the needs of special education students. Further, the faculty and staff wanted to provide for special education students and were experiencing frustration at the inability to do so.

Documentation Of The Problem

Following this meeting in April of 1984, the school

director and the training consultant made a decision to:

1. Develop a master plan for inservice training needs.

2. Establish a priority for the inservice training needs.

3. Document the faculty's and staff's verbal expression of a desire for special education inservice training to be high on the priority list.

The first step was to develop and distribute a needs assessment to the faculty and staff (Appendix A). The actual development and distribution was done by the faculty advisory committee in conjunction with the training consultant. Committee members followed up the April meeting with individual contact with each faculty and staff member. This needs assessment took all of the concerns expressed at the April meeting by the faculty and staff, including the concern for special education students, and asked that these concerns be ranked in order of importance. The faculty's and staff's individual responses were then tabulated. The first priority set by the faculty and staff was special education inservice training.

To further document and define the problem, the training consultant interviewed the school director and

the grade-level department heads. A standard set of questions was used in each interview (Appendix B). The sum total of these interview results confirmed 1) the ranking on the needs assessment, and 2) the frustration felt by faculty and staff at the inability to meet the special education needs of students.

A third measure used to document the existence of the problem was a questionnaire sent to parents (Appendix C). While this was somewhat unusual, the close-knit nature of the school parents, the interest the parents take in the school, and the financial support above and beyond tuition payments seemed to indicate the wisdom of parental ownership in the change process. From the parents' perspective, a special education program was seen as benefitting their children very much on a scale which offered the choices "the most," "very much," "a small amount," "not at all." This parent response complimented the perception of the faculty and staff and opened up the possibility of utilizing parent volunteers and parent-generated funding if deemed appropriate in the development of a special education program.

Analysis Of The Problem

There appeared to be four discernible causes of the problem of lack of skills and training among the faculty

and staff to deal with children with special education needs:

1. Limited resources available to a small, independent school.

2. Absence of an effective inservice training program.

3. Limited funding which precludes hiring of specialized personnel to serve as instructors and resource persons.

4. Absence of an opportunity to interact with other professionals in or out of education involved in providing the special education needs of students.

As is the case with many private schools, this school does not have the resources available to a public school system supported by tax dollars and able to share personnel and practices among a number of schools, thereby making their use cost-effective. The small size of the school body does not allow for a number of administrators with specific job titles and functions. This school has only one administrator, the director, who is responsible for all aspects of the educational program. Limited financial resources do not allow for the purchase of specialized curriculum materials.

The problem of finances also precluded the hiring of

personnel specially trained in special education and given the task of meeting special education needs of students. Even if funds were available, the trend in special education in the past 10 years has been toward fuller involvement of the regular classroom teacher in meeting the special education needs of students (Rich, 1981, pp. 238-239).

Another characteristic of private schools common to this school is the absence of the opportunity to interact with other professionals in and out of education, who have the skills and training in the special education of children. This school does belong to a local association of private schools, but the association's major thrust is a political and public relations one. Teachers are encouraged to belong to professional organizations and to attend workshops and seminars. However, their participation is on their time and at their expense. Lastly, as became clear in the meetings and interview with the faculty and staff, these teachers were typical in the respect of having had little or no training in special education in their teacher preparation courses at an undergraduate or graduate level.

While the staff has three inservice training days per year, these days are devoted to faculty meetings,

parent conferences, record-keeping and housekeeping. All of these are worthwhile but not conducive to meeting inservice training needs. The only other inservice training is one week prior to the opening of school in August and this time is devoted to school operations, policies and procedures. As has been noted, the school director, faculty and staff favored a master plan for inservice education designed to help correct weaknesses in the educational program identified by the faculty and staff.

This analysis of the problem underscores shortcomings common to small, independent schools. These generic problems - limited educational resources, limited funding, absence of opportunity for professional interaction and limited, almost non-existent inservice training programs - contributed to the specific problem addressed by this practicum project. But not to paint a totally negative picture, there were some aspects of the private school setting that enhanced the possibility of a workable solution. The small size of the school staff lent an intimacy that benefited communication and sharing for growth. The presence of only one administrator and the absence of layers of authority made decision making and action speedy and efficient. The factor of choice

in attendance made for a close-knit, supportive group of parents willing to lend time and money to benefit their children. In balance, both the negative and positive features of this problem setting opened up the possibility for growth and change beneficial to children.

With the problem background delineated, the problem stated and the causes of the problem examined, it seemed prudent to then move the local setting into juxtaposition with the literature of professional education. The interfacing of these local factors with what others in the field of education have learned aided in developing an effective solution strategy.

Review Of The Literature

Three areas of the literature of professional education seemed to be fruitful places to search:

1. The literature relating to special education in general.

2. The literature relating to special education in the regular classroom setting - mainstreaming.

3. The literature relating to inservice training programs.

A significant increase in the research on special education coincided with the passage of Public Law 85-926 in 1958 (Hallahan & Kauffman, 1982, p. 24). This was one

of the first efforts by the federal government to forge special education research, planning and implementation. In the ensuing years, a base of ideal practice in special education has emerged.

The prevailing wisdom in educational philosophy on how to help handicapped children is "the younger the better." This concept of early identification, coupled with consistent, ongoing services, gives the special education student the best opportunity for growth (Gallagher, 1980). This rubric of "the younger the better" has been supported by a number of researchers, including Piaget (1952), Bloom (1964) and Karnes (1973).

The summation of a major study on early identification presented at the International Congress on Early Childhood Education focused upon the early identification of children's needs as they enter school. The basic assumptions include the influences of attitudes on identification procedures; the interaction of identification procedures and teaching functions; the need for identification data to be educationally relevant; the need to continually reassess identification procedures; the need for regular, intensive inservice training; and the need to include parents in planning (Davidson, 1980).

Another basic construct of the philosophy of special education is that of normalization. Normalization is the philosophy that all special education students should be provided with an education and living environment as close to normal as possible. Since this issue involves the question of regular classroom versus special education classroom, and since there are a number of conflicting studies, what general conclusions can be drawn from the literature?

As researched by Hallahan and Kauffman (1982, pp. 414-418):

1. There is some evidence that regular class is preferable for both academic and social growth.

2. Children retained in regular or special classes do academically poorer the second year.

3. Unless special interventions are designed, mainstreaming may be setting up special education students for failure.

4. Even though special education classes as they are usually conducted may not be effective, that does not mean that high quality special education classes are ineffective.

A nationally validated project on normalization through placement in the regular classroom stresses

the necessity for cooperation among teachers, administrators, parents and professionals outside of education (Bureau of School Systems, 1975).

Beyond the basic philosophical assumptions of early identification and normalization, several other issues emerged from the general literature on special education that were relevant to this practicum project. Berk and Berk (1982), reacting to the assumption that special education is solely a responsibility of the public education system, conducted a survey of private schools and found that 58 percent of these private schools were willing to accept handicapped children. They also found that this willingness was most dependent upon financial and staff resources.

Another issue of growing concern is that those children with milder and less salient symptoms pay the price of neglect (Wesson, 1983; Gallagher, 1980; Hallahan & Kauffman, 1982).

A third issue that has occupied researchers is the issue of labeling and differentiating services for distinct handicaps. Pritchett and Baker (1978) summarize this issue when they state: "The single characteristic shared by all members of the category special education is that they are likely to profit from educational

programs."

Finally, an issue of growing force is the concept of the resource room which serves as an interim placement between the special education classroom and the regular classroom (Adelman, 1972). Just as the proliferation of studies in the general field of special education was spurred by the passage of PL 85-926, the proliferation of studies relating to special education in the regular classroom - or, as it has become known mainstreaming - was instigated by the passage of Public Law 94-142 or the Education of All Handicapped Children Act, in 1975 (Lerner, Mardell-Czudnowski & Goldberg, 1981, p. 6). Since the result of this practicum is, in effect, mainstreamed students, although somewhat in reverse since the students already were in regular classes, the literature of mainstreaming was a fruitful area of the literature examined.

Hatoff, Byran and Hyson (1981, pp. 253-269) present several justifications for mainstreaming, including legal, moral, reduction of prejudice, lessening of isolation, increased contribution of the handicapped and reduced cost to society for care of the handicapped. Rich (1981, pp. 238-239) presents a similar agenda with his claim that research supports the following reasons for

mainstreaming:

1. Peer acceptance.

2. Negative effects of labeling.

3. Isolation of special classes.

4. Educational and social needs of children.

5. Statistically higher proportions of minority students in special classes.

6. Imprecision of standardized tests for adequate placement.

Hallahan and Kauffman (1982, p. 424) see the elements of mainstreaming as integration into the regular classroom, development of education programming and clarification of responsibility among education personnel.

The National Advisory Council on Education (1976), in a wide ranging examination of mainstreaming in its infancy, addressed a number of issues, including how mainstreaming is operationally defined, the implications of mainstreaming for regular classroom teachers, the adequacy of teacher preparation and the matching of preparation and responsibilities. The recommendations of this study included defining mainstreaming as a conscientious effort to place handicapped children in the least restrictive environment and intensive training for

regular classroom teachers before placing exceptional students in regular classrooms. Panko (1984) addressed many of the same issues as the National Advisory Council on Education report and in a survey of 69 special educators and 84 regular classroom teachers, found that regular teachers reported less attention to specific learning objectives than did special educators. Both groups responded negatively as to the quality and usefulness of formal inservice training.

Many critics of mainstreaming have examined the failure of mainstreaming to live up to the educational ideals that prompted mainstreaming as a technique.

Strain and Shones (1983, p. 273) see the major failing to be lack of instructional attention to social skills as well as academic skills. Hallahan and Kauffman (1982, p. 428) found one of the biggest problems with mainstreaming to be the assumption that regular classroom teachers would adopt it. They found that 47 percent of teachers surveyed were reluctant to have exceptional students in their classroom. Rich (1982, p. 240) found that teachers feel fear and anxiety toward, and display overt rejection to, handicapped children.

On a more positive note, Sowers (1978), sharing his observations as a primary school principal after four

years of experience with mainstreaming, found that the program was of benefit to all pupils, handicapped and non-handicapped. Sowers cautions that careful planning must precede the implementation. This planning included extensive inservice training, peer teams of handicapped and "normal" students, team teaching and the use of special resource teams. Rich (1981, p. 236) echoes part of Sowers' observations when he indicates that the regular classroom presents several problems, including the need for special preparation and assistance for regular classroom teachers. Also in agreement, Salend (1984) sees the factors contributing to successful mainstreaming to be developing criteria, preparing the non-handicapped, preparing the handicapped, promoting communication among educators, evaluating student progress and providing inservice training.

Specifically addressing the issue of inservice training prior to mainstreaming, Ottman (1981) sees that inservice training should include background and major components of the handicapping conditions, discussing alternatives to the regular classroom teaching style and discussing the needs of normal children in the mainstreamed classroom. Hatoff, Byran and Hyson (1981, p. 296) flatly state that "mainstreaming inevitably entails

additional training or retraining."

Wang and Birch (1984) present a summary of research on the classroom environment most suitable for mainstreamed exceptional students. They conclude that the classroom should be highly structured and utilize a prescriptive approach to learning. Further, the classroom environment must also be open-ended enough to promote social and personal development. Wang and Birch found that this interfacing of a highly structured academic environment and the open-ended social and personal environment worked well for regular students and mainstreamed special education students.

The third and final area of the literature that offered the possibility of assistance in understanding this practicum problem was the research relating to inservice training for educators. Perhaps no area of education has had more research and planning effort with less acceptance by the intended audience than inservice training for teachers. As is often the case, even well-planned inservice training breaks down at the point of delivery. Anyone planning inservice training for teachers must assume the possibility of an unreceptive audience and develop contingencies to deal with the negativism (Joyce & Showers, 1983).

A number of studies have examined the issues of staff development or inservice training which one should consider when undertaking the development and implementation of an inservice training program. Due to the isolation of the classroom, teachers need support systems, and these support systems include one's colleagues, the school administration, parents, outside referrals and inservice training (Hatoff, Byran & Hyson, 1981, p. 264). Odden and Odden (1984, pp. 13-19) see successful school improvement dependent on teacher commitment, which in turn comes from a mastery of new classroom techniques, which comes through practice, feedback and modeling. Johnson (1984, pp. 561-562) states five tenets of inservice training:

1. Staff must identify its own problems and develop solutions.

2. Support must come from school administration and outside consultants.

3. The staff must have time to deal with the problem.

4. Successful colleagues are the best support and source of guidance.

5. The end result needs to be a written plan or product.

Gage (1984, pp. 87-93), in a study of school effectiveness, lists four facets of inservice training that seem important. These four are:

1. Who initiates the training?
2. What is the target of the training?
3. How large is the group involved?
4. How is the group chosen to participate?

Duke (1982, p. 66) perhaps best summarizes the broad issues in inservice training when he cautions that inservice training must emphasize practical methods and activities.

A number of researchers have found specific do's and don'ts in examining successful inservice training programs. Holcomb (1982) makes the following specific suggestions for inservice training programs garnered from his experience in setting up a "do it yourself" graduate school in an isolated school district in Nevada:

1. Make certain teachers want inservice of the type proposed.
2. Take the time to discuss with all involved personnel.
3. Don't be discouraged by previous efforts.
4. Plant seeds before formal proposals are offered.
5. Solicit outside support.

6. Think big. Find hidden talents in existing staff.

7. Emphasize quality control.

8. Evaluate, evaluate, evaluate.

To these caveats, Joyce and Showers (1984) add: Start small and build, plan carefully and don't rush the process of change. Most importantly, during training some degree of discomfort is expected. New skills are initially awkward and involve the risk of giving up the usual. Bass (1981), in a survey of teachers, found that the preferred time for training staff was during the regular school day. Williams (1984, pp. 24-26) confirmed Bass' findings and also found that inservice training may be limited; even a 30-minute presentation weekly can be effective.

Two successful inservice training programs were used here to model the diversity of techniques and approaches to inservice training. Project Aim/Loft, or Accommodative Instructional Management/Learning Opportunities for Teachers, utilized special instructional materials in a five-part inservice training program (Gatejen, 1981), which included:

1. Intensive competency-based training.

2. In-class follow-up.

3. Action labs.

4. Training in team dynamics.

5. Peer assistance groups.

In contrast, the Inservice Training Program for Regular and Resource Teachers utilized a two-semester participation-based training program which focused on changing teachers' attitudes (Knight, 1981). Topics covered in the training included:

1. Humanizing teaching.

2. Personalizing instruction.

3. Changing attitudes.

4. Teaching styles.

5. Values clarification.

6. Classroom management.

Finally, there are two relatively new developments in inservice training for which little hard educational research exists, but which had possible applications to this practicum problem and setting. The first of these is the use of quality circles for staff improvement and problem-solving. Bellanca (1983) describes the quality circle process as one of problem selection, problem analysis, solution selection and presentation of solution. The initial results of quality circles across the country have been favorable. A videotape produced by the Association for Supervision and Curriculum

Development (1983) calls quality circles "the most effective problem-solving method of the decade." Quality circles are seen as being able to tap the enthusiasm and creativity of participants, enabling them to produce real solutions to real problems.

Another relatively untested method of staff development is the process of differentiated supervision. Glatthorn (1984) describes the process as cooperative professional development in which a small group of educators agree to work together for their own professional growth. The role of administrations and outside consultants is limited to monitoring and information giving.

This examination of the literature of special education in general, mainstreaming in particular, and inservice training created a link between the local characteristics of this practicum problem and what others in other places found with similar problems. It was obvious from the literature search that there were a variety of perspectives on the problem and a myriad of solutions to the problem. Careful matching of the local characteristics of the problem to what others with similar problems have found opened up the real possibility of solution in the local setting.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION

Statement Of Goals

Success in this practicum project was designed to leave the target school with a faculty and staff feeling confident that they could effectively and efficiently conduct assessment on students to identify those with mild handicaps leading to special education needs and develop classroom interventions for these students.

This confidence ultimately was to be measured by the development of a procedures manual outlining the screening, referral, diagnosis and instruction of those special education students with mild handicapping conditions. Also, this manual was designed to develop procedures for referring for outside intervention any students with handicapping conditions that require a greater degree of expertise than is available in the private school setting. This manual was to reflect the knowledge learned and the attitudes acquired during the inservice training sessions. It is this satisfying of the cognitive and affective needs of the faculty and staff which was expected to result in benefit to children.

Performance Objectives

Written instruments and observation of the following specific objectives contributed to creating the aggregate stated above. The performance objectives were:

1. At the conclusion of the inservice training program, those trained will score a minimum of 85 percent on a test of cognitive knowledge in special education (Appendix D). Success will also be measured by a comparison of pre-test and post-test scores on the test of cognitive knowledge.

2. At the conclusion of the inservice training program, the personnel trained will indicate a positive attitude toward special education in the regular classroom, as measured by a comparison of pre-training and post-training attitude survey (Appendix E).

3. At the conclusion of the inservice training program, the personnel trained will have developed a special education procedures manual. This manual will be evaluated by a team of special educators from outside the target school. The evaluation will utilize a written evaluation format (Appendix F).

These three performance objectives were reflected in the specific solution strategy chosen and in the format of the inservice training program developed for the solution strategy. These peformance objectives were designed to serve as a guide for the content and techniques used in the training sessions.

Procedures For Ongoing Evaluation

Two procedures were built into the inservice training program to provide for interim feedback from the participants. This feedback was to serve as a guide for adjustment within the training program, if needed. A steering committee of three was chosen from the inservice training participants. These three individuals were to meet with the consultant once a week during the training. They were to prepare an agenda of items to be discussed with the training consultant. These items were to reflect positive and negative aspects of the training and offer suggestions for improvement where needed. This steering committee was to utilize the quality circle model of problem solving (Bellanca, 1983).

Independent of actions taken by the steering committee, each participant was to complete an evaluation form at the end of every training session. Feedback of a general nature regarding this interim evaluation was to be given at the beginning of each training session. As well, the concerns expressed in each evaluation were to be considered in the development of materials and techniques for the next training session.

By these two procedures, the training consultant intended to be able not only to record and document the

effectiveness of the inservice training, but also to be able to recognize and respond to the ongoing needs of the participants. This seemed a prudent course to follow given the plethora of documentation in the literature regarding the negative attitudes that faculty and staff hold toward inservice training (Williams, 1984; Holcomb, 1982; Johnson, 1984; Gage, 1984; Bellanca, 1983; Joyce & Showers, 1983; Glatthorn, 1984).

Measurement Of Objectives

As noted in the description of the performance objectives, three objectives were to guide the training program:

1. Increase in cognitive knowledge about special education.

2. Positive change in attitudes of the faculty and staff toward special education in the regular classroom.

3. Development by the training participants of a program manual for special education.

The first objective - increasing knowledge - was to be evaluated by a knowledge-based test (Appendix D) dessigned to measure acquisition and retention of information presented in the training sessions. This test consists of 100 multiple choice questions. The test was developed over the past two years by the training

consultant while teaching a master's level course entitled "Survey of Exceptionalities." This test covers the knowledge that a teacher not trained as a special educator needs to work with special education students in the regular classroom.

The knowledge test was to be administered prior to the final training session during an orientation session. Ninety minutes was to be allocated for testing. At the conclusion of the training sessions, the test was to be administered again. The test was to be the same, but the question order was to be changed. Again, 90 minutes were to be given for testing. In order to allay concern over how the results were to be used, participants were not to be identified by name but by a self-determined identification number. This identification number was to allow the participants to see their pre- and post-training scores so that they might measure their personal progress. Participants also were to be informed that no one but the training consultant would score or otherwise have access to the tests. Test results were not be used for any other purpose than inservice training program evaluation.

The objective relating to a positive change in attitudes toward special education students in the

regular classroom was to be measured by an attitude survey (Appendix E). This survey consists of 30 statements with which the participants could strongly agree, agree, disagree or strongly disagree. In addition, eight scales were to be presented on which the participant could rank himself or herself 1 to 10 on level of comfort with each type of exceptional child. One is least comfortable and 10 is most comfortable. As with the knowledge test, the attitude survey measuring objective two was to use a pre-training, post-training administration. The same form was to be used in both administrations. Again, to protect the participants from any misuse of results, respondents were not to be identified on the attitude survey form and results were only to be seen by the training consultant.

The third and final objective of producing a procedures manual was to be measured by an independent evaluation of the procedures manual by a team of five special educators chosen by the training consultant. These special educators were to be from other schools and school systems and were to have no previous knowledge of the target school or the inservice training program. The independent evaluation was to use an evaluation form (Appendix F) developed by the training consultant and the

independent evaluators.

By utilizing three distinctly different evaluation instruments and procedures, the training consultant was to have a broad base upon which to analyze results of the inservice training program and determine its overall efficacy.

CHAPTER IV

SOLUTION STRATEGY

Strengths And Limitations Of The Setting

The setting of this practicum problem offered certain strengths and limitations that had to be considered in designing a solution strategy to solve the problem of lack of skills and training on the part of faculty and staff for dealing with special education students.

The strengths included:

1. A well-trained and enthusiastic staff.

2. A staff with a history of willingness and ability to solve problems and meet needs with resourcefulness.

3. A supportive administrator willing to take part in the training and implement the program developed from the training.

4. A relatively modern physical facility able to be modified, if necessary, to meet the needs of special education students.

5. An informed and supportive parent community.

The limitations included:

1. Limited educational resources common to a small, independent school.

2. Absence of an ongoing, viable inservice education program.

3. Limited funding which precluded hiring

specialists and permanent resource personnel.

4. Extremely limited opportunity to interact with professionals involved in special education needs, in and out of education.

5. Limited paid time to utilize for inservice training.

These strengths and limitations established an outer limit or parameters in the local setting for the solution strategy chosen to solve this problem. As well, the literature offered some guidance in establishing general guidelines for a solution appropriate to both the problem and the setting. Rich (1981, p. 242) indicates that to be successful, training of teachers must be rational and skill-oriented, but also meet the feeling and attitude needs of teachers. Johnson and others (Johnson, Johnson, Holubec & Roy, 1984, p. 22) suggest that achievement in training will be higher when learning situations are structured cooperatively rather than competitively or individually. Hallahan and Kauffman (1982, p. 268) suggest that training for special education needs should be conducted to develop consistency among staff in techniques, methods and curriculum. Finally, Bass (1981) offers results from a survey of 243 elementary teachers as to their needs in special education training, and

found that these teachers ranked the following as needed:

1. Information on the laws of special education.

2. Information on behavioral and emotional problems of handicapped children.

3. Information on educational goals for handicapped children.

As well, these teachers ranked the following formats as desirable:

1. Discussion with a consulting specialist.

2. Workshops.

3. Classroom teaching demonstrations.

4. Demonstrations of materials.

Finally, Bass found that the time preferred by teachers for inservice training was during the regular school day.

The strengths and limitations of the local setting and these guidelines offered by the literature together gave a sense of direction to the search for a specific and appropriate solution to the problem. In order to choose the most appropriate solution strategy, it seemed prudent to examine how others solved similar problems and what these previous solutions might contribute to solving the problem in the local setting.

Previous Solutions

Recognizing that teachers trained to work with normal young children are often unprepared to teach handicapped children, Stile and Wachtel (1982) designed a competency-based inservice training program through the College of Education at New Mexico State University. Teachers were brought to the campus for five weeks in the summer for intensive "hands on" inservice training and then given field-based follow-up assistance for the following school year. The project provided college tuition and a $75-a-week stipend for the five-week summer session. While this match of intensive and field-based experience was rated by the participants as excellent, it was not a workable solution for this practicum setting because of the limitations of time and funds. However, an adaptation of an intensive training period and classroom follow-up could be utilized in this practicum setting.

Another area of concern in preparing teachers to deal with special education students is that of preparation of the Individual Educational Plan or IEP. Wolfe (1982) developed materials for 14 workshops to assist teachers in preparation of IEPs. Tymitz (1980) also developed a program which was designed to analyze teacher needs related to instructional aspects of IEPs.

While in theory the use of an IEP is good educational practice, in reality IEPs are generally used in a perfunctory manner to satisfy dictates of funding and federal law. One of the real pluses of this private religious day school developing a program for services to special education students was that, since it received no funding from federal, state or local sources, it did not have to adhere to the same requirements as public schools. It certainly seemed that individual programing for special education students was desirable and should be provided for in the solution plan, but not through the formal and often rigid and perfunctory IEP process.

The notion that teaching interventions for handicapped children are also good teaching practice for all children was the basis for a training program developed by Larivee and Vacca (1982). Teachers were trained in teaching techniques that would integrate mildly handicapped children into the regular classroom. Results of this training in follow-up showed that both normal and handicapped children benefitted through improved academic and social skills. This notion that what is good for normal children is good for all children is important in affecting both teacher classroom techniques and teacher attitudes toward special education

children and needed to be reflected in the solution plan for this practicum setting.

Project S.E.R.T., Special Education for Regular Teachers (Hale and others, 1976), field-tested eight self-instructional modules with 50 regular teachers. Emphasis was on team planning, recognizing individual differences, classroom management, evaluation of instruction and formal appraisal. The concept of instructional modules works best when trying to deliver training for large numbers of teachers. This practicum problem setting with its small number of faculty and staff allowed for more face-to-face training techniques. However, the areas of instruction offered some guidance for the development of the solution plan, particularly team planning and recognizing individual differences.

The National Education Association (1976) developed a multimedia program to help teachers trained in one area of instruction but who find themselves in a special education intructional setting where they have no specific training. A review of these multimedia materials by this consultant left the impression that these materials could not be effectively used without intensive follow-up training and that their cost was not justified by their content and usefulness. However, the idea of

using media was worth pursuing in this practicum problem solution plan.

Rawers (1983) utilized precision teaching in an Oregon project that emphasized training teachers in screening procedures, measurement of basic skills, charting daily performance and instructional support. Factors cited in successful implementation were teacher dedication, administrative support and the child's socioeconomic status. While emphasizing important areas for training, this program was implemented in a public school system and utilized support and resource personnel such as school psychologists, social workers and special educators with training in specific handicapping conditions. These personnel were not available in this practicum setting and the cost of hiring them, even on a consulting basis, outstripped the resources of this school. The areas of training were relevant and possibly had a place in the solution plan for this practicum project.

In a pioneering effort at utilizing computers to assist teachers in serving handicapped children, Willwock (1971), Palmer (1971) and Cartwright (1971) developed a syllabus, a course planning manual and a final report on the success of the project. The basis of this project was

a computer assisted instruction (CAI) course for teachers. Computer assisted instruction has been found to be an effective way to impart knowledge and if the computer equipment and resources had been available in this practicum setting, this would have been an approach to seriously consider. Unfortunately, at the time of the practicum project, the school had only one personal computer, which was utilized almost 100 percent of the time for classroom and office uses.

Nowak (1982) emphasized a peer training model in which teachers were trained to meet the needs of teachers working with exceptional children. While the focus of this project was the training of vocational teachers in middle schools and senior high schools, the concept of peer training was one that might work satisfactorily given the close-knit teamwork common to the faculty and staff in the practicum setting school. In a similar project, Helge (1981) developed and implemented inservice training in special education for regular classroom teachers employed in geographically large, rural school districts. One focus of this project was the peer trainer of trainers approach, which aimed at creating a cadre of regular classroom teachers who could assist in the training of other regular classroom teachers in

exceptional education interventions. While there was little similarity between the setting of the Helge project and the practicum setting, the concept of peer trainers was applicable and was considered in developing a solution plan.

Loveless (1981), in a program designed to train child care associates (teacher's aides), addressed the issues of physical and intellectual competencies, positive self-concepts and individual strengths of children. Information was presented on PL 94-142, methods of identifying children with handicaps, behavioral characteristics of handicapped children and strategies for working with handicapped children. While the thrust of the training in this practicum setting was not with teacher's aides, the concept of training other than teachers was an important one and was considered in the follow-up of this practicum project.

Hartle (1980), in a University of Georgia-sponsored project, approached training regular teachers for mainstreaming by developing a training manual. This manual describes goals of mainstreaming, outside resource personnel and agencies, classroom intervention strategies and contains a bibliography for further reading. This concept of using a manual for training is a valuable one

because it adds some permanence to the training and allows training participants to refer to the manual after formal training has been completed. Particularly in a practicum setting as is described in this report, the limitation of funds and resources for inservice training precluded continually bringing in outside trainers. The burden of continuation of training became an internal burden. Peer training and collegial training were a necessity. The idea of a training manual was a good one and seemed to have a place in the solution for this practicum problem.

This survey of the literature of training in special education for regular classroom teachers revealed a number of concepts and techniques that seemed both good educational practice and appropriate in this practicum problem setting. These included:

1. What is good for handicapped children is good for all children, and vice versa (Larivee & Vacca, 1982).

2. Handicapped children benefitted most in the regular classroom from team planning and an emphasis on individual differences (Hale, 1976).

3. The most appropriate training time, according to teachers, is during the school day (Bass, 1981).

4. Training should include intensive instruction and

classroom follow-up (Stiles, 1982).

5. Inservice training profited from the use of various media for both information and attitude change (National Education Association, 1976).

6. The use of peer trainers in inservice training in special education for regular classroom teachers (Nowak, 1982; Helge, 1981).

Possible Solution In This Setting

In terms of a general approach to this practicum problem, training regular classroom teachers was the favored solution both in the literature and by this consultant and the faculty and staff of the school. However, this training was not the only possible solution, and in the interest of rigor, other possible solutions were discussed and examined.

Consideration was given to hiring a resource person in special education. This would have been difficult for two reasons. First, the cost was not budgeted and would have required taking already allocated financial resources and reallocating them to the hiring of a specialist. This was not desirable. Second, with the relatively small number of children perceived as needing services (estimated by the faculty at 22), the anticipation was that each handicapping condition would

only affect two or three children. What would have been needed was a generalist with training in all areas of special education, or several teachers with multiple specific training. And, of course, if mainstreaming was desirable, regular classroom teachers would still be teaching the special education students.

Another solution was to refuse admission to students with special education needs and to dismiss students who developed or were identified as having such conditions after enrollment. While this would have solved the problem of not meeting the needs of special education students, it was neither in the spirit of a desire to serve children, nor did it meet the faculty's and staff's desire for skills and training in the area of special education.

A third possible solution was to send special education students to outside training centers, such as the public school, as provided for in PL 94-142. This solution would have created transportation burdens, would not have best served the children's social and emotional needs, and would have violated the intent of the school's existence, which is to provide an alternative to public school education.

It was determined that the most appropriate solution

to the problem of faculty and staff believing that they lacked the skills and training to serve special education students was to develop an inservice training program that gave the faculty and staff the perquisite skills necessary to serve special education students through the regular classroom. This solution plan was educationally sound as measured by the literature and yet suitable to the strengths and limitations of this practicum setting.

What follows is a description of the inservice training program.

Solution Plan

The inservice training program was implemented in five phases:

1. Anticipatory phase
2. Instructional phase
3. Product phase
4. Peer training phase
5. Evaluation phase

The activities in the first four phases were designed to meet the program objectives and also prepare the participants for the next phase of training. The evaluation phase was designed to evaluate the terminal success of the practicum project.

The anticipatory phase was designed to generate

interest in the area of special education. This phase initiated the inservice training and lasted two weeks. All faculty and staff, whether directly involved in the training program or not, received a packet of reading materials from the field of special education. These reading materials included:

1. A brief explanation of the inservice training program.

2. A bibliography of both popular and professional publications on identification, assessment and classroom interventions in special education.

3. A one-page summary of each exceptionality, including definition, prevalence, causes, measurement, psychological and behavioral characteristics, education considerations and managing the child in the classroom.

4. A summary of commonly-used screening identification and assessment procedures and instruments.

5. A summary of current research on mainstreaming.

Also, during the anticipatory phase, a professional literature reading room was set up in a room adjoining the teachers' work room. This room was stocked with books and journals from the field of special education. These materials were on loan from the training consultant. Teachers were encouraged to investigate these materials

and, if desired, borrow them for reading and study.

During the anticipatory phase, the inservice training participants met with the training consultant, were given an orientation to the training and completed the pre-training cognitive knowledge test (Appendix D) and the pre-training attitude survey (Appendix E).

In addition to generating interest in special education, this anticipatory phase was designed to, in a subtle way, encourage the faculty and staff to begin to more closely observe their students and to examine their attitudes toward students with special education needs.

The second phase, the instructional phase, was designed to impart the knowledge of special education to the training group so that they would be prepared to develop a special education procedures manual and become peer trainers and resource personnel for the rest of the faculty and staff. The training group included the school director, the four primary grade level department chairs, three teacher's aides and the physical education specialist.

This phase was divided into 12, 45-minute training sessions, held twice a week for six weeks. These sessions began with a 20-minute presentation by the training consultant on the session topic, followed by a 25-minute

period of discussion, practice and, when applicable, "hands on" activities. The 12 training session topics were:

1. Screening procedures for special education - screening for all exceptionalities.

2. Assessment - techniques, procedures and instruments for assessing children identified from screening.

3. Assessment - referrals to outside resources and agencies for assessment.

4. Mental retardation - definition, classification, causes, behavioral characteristics, educational considerations, managing the child in the classroom.

5. Learning disabilities - definition, causes, measurement, behavioral characteristics, educational considerations, managing the child in the classroom.

6. Emotional disturbance - definition, classifications, causes, psychological and behavioral characteristics, educational considerations, managing the child in the classroom.

7. Speech and language disorders - definition, behavioral characteristics, educational considerations, managing the child in the classroom.

8. Hearing impairment - definition, classification,

causes, educational considerations, managing the child in the classroom.

9. Visual impairment - definition, classification, causes, educational considerations, managing the child in the classroom.

10. Giftedness - definition, psychological and behavioral characteristics, educational considerations, managing the child in the classroom.

11. Mainstreaming - classroom interventions for all exceptionalities.

12. Review of current research - review of research in special education.

During this instructional phase, the participants were given a packet of materials at the end of each session that related to the upcoming session (Appendix I). In the interest of not overwhelming the participants, these materials were concise, vigorously edited summaries of the session topic.

Also, as delineated in Chapter III, a steering committee met with the training consultant once a week to exercise quality control over the instructional phase of the training. As well, participants completed a training session evaluation form (Appendix C) after each session so that the training consultant could be responsive to

their concerns about the training.

The product phase of training lasted for four weeks and was designed to enable the training participants to complete a procedures manual for special education at the school. During this phase, the trainer reduced his direct participation and was available to observe and consult with participants. The group received training in the use of the quality circles method of problem solving and then organized themselves into work groups and developed the procedures manual. These work groups were informal and it was presumed that all work could not and probably would not be done only in the group session.

The steering committee assumed initial responsibility for organizing and directing the work groups. As this product phase progressed, the group developed procedures and assigned roles as it deemed them necessary. The trainer observed both group process and product using formal and informal observation techniques, and offered guidance and direction.

At the end of four weeks of the product phase of training, it was anticipated that the group would have a draft of the procedures manual which could then be edited and assembled to be ready for evaluation by the independent evaluation team.

At the conclusion of phase three, the three objectives stated in Chapter III were dealt with. Phase 1, the anticipatory phase, and phase 2, the instructional phase, addressed the objective of cognitive knowledge. Phases 1 and 2 addressed the objective of an increase in positive attitude. Phase 3 addressed the objective of a procedures manual.

At this point, phase 4, the peer training, commenced. During this phase, the participants in the inservice training program received training in how to conduct peer training and collegial supervision so that they could serve as trainers and resource personnel for those members of the faculty and staff who did not participate in this inservice training program. In this phase, the training returned to the 45-minute training session format. There were four training sessions over a two-week period. The session topics were:

1. The role of peer trainer - practice, procedures, problems.

2. Collegial supervision - what it is, what it is not, techniques, formative evaluation.

3. Resource personnel - formal practices, informal practices, behavioral observation, classroom demonstration.

4. Ongoing training for special education - when to use peer training, when to use collegial supervision, when to use resource personnel, use of the procedures manual.

The central thrust of this peer training phase was to enable the inservice training program to perpetuate itself in a cost-effective and resource-effective manner to continue to improve delivery of services to special education.

The evaluation phase, phase 5, concluded the inservice training program in regard to this practicum. This phase lasted two weeks and began with the training participants completing the post-training cognitive knowledge test and the post-training attitude survey. These instruments were scored and group results compiled.

The training group met as a group in order to see the results of the training. At this time, the results of the independent evaluation team's evaluation of the procedures manual were presented. Lastly, individuals in the group could, if they chose, see their coded pre- and post-training knowledge tests and attitude surveys. It was anticipated that positive results would be a reinforcement for the continuation of training on a peer and collegial basis. This meeting concluded with the

trainer giving his impressions of the training program, including the strengths and limitations.

Steps To Solution

In the way of summary, the following steps and time frame led to the solution of the problem that the faculty and staff do not believe that they have the skills and training to adequately meet the needs of special education students.

This inservice training program commenced on Jan. 7, 1985, and concluded on April 23, 1985, for a total of 16 weeks of implementation. Between these two dates, the following activities took place:

Jan. 7-Jan. 18: Phase 1 - Anticipatory Phase

Jan. 7 - Distribute reading materials to entire faculty and staff

Jan. 8 - Set up professional reading room

Jan. 10 - Meet with training group participants for orientation

Jan. 14 - Administer pre-training knowledge test

Jan. 16 - Administer pre-training attitude survey

Jan. 21-March 1: Phase 2 - Instructional Phase

Jan. 22 - Screening procedures for special education

Jan. 24 - Assessment

Jan. 28 - Steering committee meeting

Jan. 29 - Assessment

Jan. 31 - Mental retardation

Feb. 4 - Steering committee meeting

Feb. 5 - Learning disabilities

Feb. 7 - Emotional disturbances

Feb. 11 - Steering committee meeting

Feb. 12 - Speech and language disorders

Feb. 14 - Hearing impairment

Feb. 18 - Steering committee meeting

Feb. 19 - Visual impairment

Feb. 21 - Giftedness

Feb. 25 - Steering committee meeting

Feb. 26 - Mainstreaming

Feb. 28 - Review of current research

March 4 - Steering committee meeting

March 5-29 - Phase 3: Product Phase

March 5 - Organizational meeting, quality circles training, film "Quality Circles"

March 6 - Follow-up on quality circles training

March 7 - Work session

March 12 - Work session

March 14 - Work session

March 19 - Work session

March 21 - Work session

March 25 - Review of draft manual

March 28 - Wrap-up work session

April 2-11 - Phase 4: Peer Training Phase

April 2 - Role of peer training

April 4 - Collegial supervision

April 9 - Resource personnel

April 11 - Ongoing training for special education

April 16-23 - Phase 5: Evaluation Phase

April 16 - Post-training cognitive test

April 18 - Post-training attitude survey

April 23 - Presentation of results, trainer's conclusions

A detailed outline of each training session is contained in Appendix H.

At the conclusion of the training on April 23, participants had received approximately 26 hours of formal training. The entire faculty and staff had a cursory exposure to special education practices. The training group had formal instruction in special education practices and procedures, an opportunity to produce a product designed to provide direction for special education program implementation, utilizing the knowledge learned, and training designed to enable them to train their peers. The training consultant had an

opportunity to evaluate the effectiveness of the specific training and experience of planning and implementing an inservice education training program.

While it was not the aim of this training to create special educators, the training was intended to give regular educators the skills and training necessary to serve through the regular classroom those children who are identified as having special education needs. Throughout this inservice training program, this end result of serving children served as a guide.

Changes During Implementation

During implementation, only minor changes were made in the implementation plan as delineated in the proposal. These changes were made upon recommendation of the steering committee or as a result of the comments made on the training session evaluation forms completed by participants after each session. All changes were discussed with the school director, the steering committee and the training participants.

In the anticipatory phase of the training, a packet of reading materials was to be distributed. After meeting with the staff and at their suggestion, the trainer determined to distribute the related materials prior to the appropriate training session rather than as a

comprehensive package prior to all training sessions. The staff felt that they would be less overwhelmed with small amounts of materials to review periodically.

Changes in the instructional phase also were not extensive and, in fact, gave credence to the apparent popularity and usefulness of the training. The first change that occurred was a request from five staff members not initially included in the training group that they be allowed to join the training. After a discussion with the school director and the steering committee, this request was honored.

The second change that occurred in the instructional phase was that training participants began to request that the training consultant come into their classrooms to observe certain students about whom the participants had concerns. Again, after discussion with the steering committee, the trainer set up a classroom visitation schedule consistent with the schedule of presentation for each exceptionality. For example, if a teacher had a child who appeared potentially gifted, the trainer would observe that child prior to the training session on giftedness. This allowed the trainer to discuss real examples with which the staff were familiar.

The single change in the product phase was a

significant but necessary change. Work on the procedures manual was extensive and the trainer's time frame turned out to be somewhat unrealistically short. As a result, the time schedule was extended and the product for practicum purposes became a draft of the procedures manual, which will be completed in the summer and fall of 1985. As a result, the evaluation team examined a draft of the procedures manual rather than a completed manual. In retrospect, this appears to have been a fortuitous change since training participants had less ownership in the draft manual and appeared more receptive to suggested changes in the procedures manual.

No changes were made in implementation during the peer training phase, except for the fact that at this point, a collegial closeness had developed between the trainer and the participants and a less formal, more participatory atmosphere was present.

No changes at all were deemed necessary in the evaluation phase of implementation.

As a rule of thumb in using a pre-test, post-test evaluation model, very few changes should be made in the intended course of implementation so as not to color the necessary comparisons between the pre-test and post-test scores. This trainer followed that rule of thumb and,

except for the changes mentioned above, adhered to the implementation plan as set down in the project proposal.

Duplication

It is suggested that anyone seeking to replicate or duplicate this training project examine the implementation schedule and adapt it to his particular setting, available resources and skills as a trainer. Particular caution is suggested when moving beyond the private school and Christian school setting. While all educators exhibit certain common characteristics, there are parameters peculiar to this practicum setting that might not readily translate to, for instance, a public school setting. Since the training sessions were designed from what research shows to be acceptable staff development techniques, less caution would be necessary in adapting that part of this practicum.

Once the reader has carefully examined the results, conclusions and recommendations in Chapter 5, a decision to replicate or duplicate will be more realistic. Again, any duplication or replication should be based on the particular setting in which training is being considered. It is unlikely that this training program could be lifted intact from this setting and imposed upon a different setting without at least minor modifications.

CHAPTER 5

RESULTS, CONCLUSIONS, RECOMMENDATIONS

The overall intent of this inservice training in special education for regular classroom teachers was to leave the target school with a faculty and staff feeling confident that they could effectively and efficiently conduct assessment to identify mild handicaps leading to special education needs and to develop classroom interventions for these students. Formal and informal procedures were utilized to measure how effectively the inservice training met this overall intent.

Results And Discussion

The formal evaluation included:

1. A pre-test and post-test of cognitive knowledge in special education (Appendix D).

2. A pre-training and post-training attitude survey (Appendix E).

3. An evaluation of the special education procedures manual (Appendix F).

The informal evaluation included:

1. Comments and suggestions made by the training participants on the evaluation forms completed after each training session.

2. Number of referrals, number of identified handicapping conditions, plans for testing procedures and

plans to set up part-time special education classes.

As stated in Chapter III, the first performance objective was that those trained would score a minimum of 85 percent on a test of cognitive knowledge. Success would also be measured by a comparison of pre-test and post-test scores on the test of cognitive knowledge. Table 1 below lists the pre-test and post-test scores of the training participants.

Table 1

Test Of Cognitive Knowledge
Pre-Test, Post-Test Scores

Participant	Pre-Test Score	Post-Test Score
1	77	95
2	82	96
3	78	87
4	66	85
5	71	87
6	44	91
7	68	93
8	53	86
9	86	96

As can be seen, all participants were able to

perform above 85 percent on the post-test. A comparison of the pre-test and post-test scores also indicates improvement by each participant, ranging from 10 points improvement to 47 points improvement. Comparison of means of the pre-test and post-test also confirms the improvement with a pre-test mean of 68.44 and a post-test mean of 90.66. It seems clear from this data that the training participants gained a great deal of cognitive knowledge about special education theory and practice.

The second performance objective for this practicum project was that at the conclusion of the inservice training program, personnel trained would indicate a positive attitude toward special education in the regular classroom as measured by a comparison of pre-training and post-training attitude surveys (Appendix E). Results from this measure were utilized in two ways. The first 30 questions were used as a basis for discussion in the post-training follow-up and were not numerically tabulated. It seemed apparent to this trainer that the participants had a clear grasp of the "myths" regarding special education students following the training. The second use of the attitude survey was to take the eight rating scales and assign a numerical value to the total responses from each participant against the highest

possible value of 80 (10 points possible on each of eight scales). Table 2 lists the participants' scores on the pre-training and post-training attitude survey.

Table 2

Comparison Of Pre-Training, Post-Training Attitude Survey Scores

Participant	Pre-Training	Post-Training
1	27	43
2	24	61
3	19	47
4	17	66
5	14	52
6	33	72
7	37	42
8	31	53
9	40	70

As can be seen from the table, all participants moved toward the positive end of the scales (80). With 40 being the midpoint of the total scores, all participants fell on the positive side of the scales following training. Again using a comparison of means, the pre-training mean for all participants on all eight

scales was 26.88 and the post-training mean was 56.22.

While this trainer had intended to evaluate the responses of each participant on each of the eight scales, it became obvious from looking at the responses that all participants had moved toward the positive in attitude on all scales and that no great variation existed among participants from scale to scale.

The third performance objective concerned the evaluation of a special education procedures manual developed by the participants following training. This evaluation was done by a team of special educators from outside the target school using an evaluation format developed by this team and the trainer (Appendix F). As indicated in the previous chapter, a slight change was made in this performance objective since an overly optimistic time frame did not allow for the completion of a final copy of the procedures manual. A draft copy was used for evaluation of this performance objective. In some respects, this was fortuitous since the direction provided by the evaluation team is helping the participants revise the procedures manual before a final copy is completed.

Results from the evaluation form were tabulated by assigning each of the five responses a numerical

value with "the best" being assigned a five (5) and "not at all" being assigned a one (1). Each evaluator's responses were then totalled for each of the eight questions and a cumulative score for each question was derived. Table 3 lists the cumulative score from all evaluators for each question on the evaluation form.

Table 3

Cumulative Rating By Question Regarding The Special Education Procedures Manual

Question	Cumulative Rating
1	3
2	3
3	4
4	4
5	5
6	4
7	2
8	4

As can be seen, the overall ratings were either "Adequate," "Very Good" or "The Best," except for question No. 7: "A staff member using the manual could manage a child's progress from screening through

classroom intervention with a minimum of time and effort." This question received a "Poor" overall rating. The evaluation team felt that the procedures in this section were cumbersome and confusing. The evaluation team made suggestions for improvement which the participants are now considering in their further work on the special education procedures manual.

The overall ranking for the procedures manual was "Very Good" (question No. 8). This confirms that even in draft form, performance objective three was met, but that there is room for improvement. To get another impression of the overall effectiveness of the procedures manual, a mean score was derived by adding the cumulative ranking from Table 3 and dividing by the total number of questions on the evaluation form. This produced a mean cumulative ranking of 3.62, which would translate to between "Adequate" and "Very Good."

Beyond these three formal evaluation procedures, much data was gathered from several less formal evaluation procedures. These less formal evaluations included:

1. Comments made by training participants on the evaluations completed after each training session.

2. The actual operation of the special education

procedures at the school during and after training.

A log was kept of all comments made by the participants on evaluation forms completed after each training session. These comments were then assigned a number and a random number list was generated. Table 4 lists 10 comments chosen at random from the list of comments.

Table 4

Comments Selected At Random From The Training Session Interim Evaluations

---

1. "More time needed to discuss individual students that we have in our classes."

2. "I never realized gifted students had the potential for problems that we discussed."

3. "Excellent session on screening forms. I am going to use some of the ones you gave us."

4. "I need more information on specific learning disabilities."

5. "Enjoyed the panel discussion with the physician and speech and hearing people."

6. "Can you (the trainer) come into my class and observe a student I am concerned about?"

7. "The material handed out really helped me understand emotional handicaps."

8. "A well-planned session."

9. "Could we practice a counseling session with parents?"

10. "Now I finally think I understand what use and misuse I.Q. scores have."

These comments were fairly representative of the total comments received. It appears that the participants were involved and concerned with the training. As well, the comments reflect that the participants took information gained back into their classroom settings. The comments confirmed the evidence from the three performance objectives that in the totality, training participants benefitted from the training and that ultimately children's education needs were better met.

The second, less formal evaluation technique was to monitor the school in terms of what the staff actually did for students with special needs. Almost from the first training session, the trainer was receiving requests from participants to come into their classes and observe certain students. By the completion of the training, the school director had received 38 referrals of students with possible special education needs. As well, the trainer, with the assistance of the staff and

outside agencies, was able to clearly identify nine students with handicapping conditions. Perhaps most significant was the pressure from the teaching staff to develop testing procedures to help them identify potential problems. A natural extension of these activities was the need to consider hiring a generalist special educator for the next school year. Even with the trainer urging caution and careful planning, the school director reported that the staff was adamant about better providing for the needs of special education students.

While all of the above is not quantifiable data, it is useful in evaluating the efficacy of this inservice training program in this setting. Without moving beyond objectivity, it seems clear that the staff utilized what they learned.

Final Conclusions

Five conclusions seem to follow from the above discussion of the data used for evaluation:

1. The training participants improved their cognitive knowledge of special education theory, practice and procedures.

2. The training participants moved in a positive direction concerning their attitudes toward students with special education needs.

3. The training participants were able to develop a more than adequate special education procedures manual.

4. The training participants were able to transfer training from the training sessions to the classroom and other school settings.

5. Students began to benefit almost immediately from the training
given to the staff.

Recommendations

Several recommendations related to continuation of special education training in this setting and replication or duplication of this training in other settings are drawn from the evaluation of this practicum project.

1. Use of this program in other than a practicum project would require less extensive evaluation procedures than were utilized here.

2. The time frame for developing the procedures manual needs to be extended.

3. Evaluation of the efficacy of the procedures manual should occur in the draft stage to allow for changes before the final draft copy is complete.

4. Peer training by the training participants should continue until the entire school staff has been trained.

5. The trainer should consider offering this training to other private schools with similar lack of access to special education programs.

6. Materials given to training participants should be broken down into small packages appropriate to each training session rather than given out en masse prior to training.

7. Procedures should be established for the trainer to go into the participants' classrooms to observe and consult on specific students. The interchange that occurs is invaluable in establishing and maintaining rapport.

8. Anyone seeking to utilize this program should carefully examine his or her particular setting and adapt the practices to suit the parameters of his or her training site.

Dissemination Of Results

Several steps have been and will be taken to attempt to disseminate the results of this practicum project in and beyond this training setting.

These steps are:

1. The school director at the training site has requested this trainer to continue as a consultant and to prepare workshops for the 1985-1986 school year. These workshops will build upon the base established by this

practicum project and will be aimed at maintaining and extending this base.

2. The school director has also requested that this trainer prepare a presentation describing this inservice training to be given to the county Council of Private Schools. This council is made up of representatives from 18 private schools. The intent of the presentation is to offer the inservice training to other private schools with the longterm goal of perhaps creating a cooperative and referral service for the private school council member schools.

3. During the course of this practicum project, the trainer moved from a job as a teacher of the gifted to a supervisory position as an area health coordinator with the local public school system. After sharing this inservice training model with his supervising assistant superintendent, this trainer was requested to develop a similar inservice training project for public school kindergarten teachers.

4. This trainer is pleased enough with the results to consider submitting an article for publication in an appropriate professional journal. Time permitting, this article will be written in the summer of 1985.

Summary

While conceiving, developing and implementing this practicum project, this writer held a strong belief that an inservice training program in special education for regular classroom teachers could be successful. Further, it was essential that this writer discover whether a strongly research-based, cognitively-grounded inservice education program could succeed. Finally, this writer felt that given the proper ingredients, regular classroom teachers could transfer training into the classroom to benefit students. This writer is satisfied that these global goals were met.

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APPENDIX A

Inservice Training Needs Assessment

March 10, 1984

Faculty and Staff:

In order to design a comprehensive inservice training program for the school, we want your perceptions of the areas of training need. The faculty advisory committee has spoken with each faculty and staff member and developed a list of training needs. These needs will now be ranked in order of importance so that a priority for specific inservice training workshops can be established.

Please rank each of the items below using the number one (1) as the most important and the number ten (10) as the least important area of training needed here at the school. You are asked to remain anonymous and all answers are confidential.

Assertive Discipline _____

Parent Education _____

Special Education _____

Techniques for Teaching Reading _____

Use of Developmental Centers _____

Developing Curriculum Materials _____

Peer Evaluation of Performance _____

Improving Classroom Instruction _____

Utilizing School Volunteers _____

Use of Computers in the Classroom _____

Please return the completed form to the school office. A box for the forms will be on the office counter.

Thank you for your time. We will make the reesults of this needs assessment available to each of you next week.

APPENDIX B

Interview Questions On Inservice Training Needs

The following questions were used when interviewing the school director and the department heads. The same questions were asked of all interviewees in order to get consistent feedback on inservice training needs. Each interviewee was assured of anonymity and confidentiality.

1. Do you feel that the areas of needs for inservice training developed by the faculty advisory committee and ranked for importance by the faculty and staff are reflective of your views of the inservice needs here at the school?

2. Given the list of training needs (show list), how would you rank the needs in order of priority?

3. Are there any areas of training you would specifically add or delete from the list ranked by the faculty and staff?

4. What types of training techniques do you think will work best with your faculty and staff members?

5. What times do you feel would be most appropriate to schedule training sessions? How long, on the average, should sessions be?

6. If we do one and only one area of training, what would that area be?

APPENDIX C

Parent Questionnaire on Training Needs

Parents:

We here at _____ school are formulating a plan for inservice training for our faculty and staff. We value your perceptions of your children and our faculty and staff would like to have your imput regarding the areas of training needed by our faculty and staff in order to provide the best possible education for your child.

Please answer each question below by checking the appropriate blank that most nearly corresponds to your answer for the question. A space has been left at the bottom of this questionnaire in order that you may comment on any of the questions or suggest areas of training not included here. Of course, all responses are anonymous and confidential, so your name is not needed on this questionnaire.

1. My child would benefit from discipline techniques in which expectations for behavior were posted in the classroom and punishments for infractions were specified and carried out in a consistent manner.

The most ___ Very much ___ A small amount ___ Not at all ___

2. My child would benefit if classes were held in

which I could receive information and counsel on parenting.

The most ___ Very much ___ A small amount ___ Not at all ___

3. My child would benefit if the teacher knew more about individual differences of children, particularly those with special learning needs.

The most ___ Very much ___ A small amount ___ Not at all ___

4. My child would benefit if the teacher were better trained in the techniques for teaching reading.

The most ___ Very much ___ A small amount ___ Not at all ___

5. My child would benefit from the use of areas (centers) in the classroom devoted to specific areas of my child's development.

The most ___ Very much ___ A small amount ___ Not at all ___

6. My child would benefit from materials developed by the teacher which would enlarge and clarify the areas of the curriculum taught at _____ school.

The most ___ Very much ___ A small amount ___ Not at all ___

7. My child would benefit from a program in which

teachers evaluated each other's classroom performance and helped each improve his or her performance.

The most ___ Very much ___ A small amount ___ Not at all ___

8. My child would benefit from a program in which the teacher was trained in classroom teaching techniques.

The most ___ Very much ___ A small amount ___ Not at all ___

9. My child would benefit from a program in which teachers were trained in using community volunteers to assist in the classroom.

The most ___ Very much ___ A small amount ___ Not at all ___

10. My child would benefit if the teacher were trained in the use of computers in the classroom.

The most ___ Very much ___ A small amount ___ Not at all ___

Additional comments:

APPENDIX D

Test of Cognitive Knowledge

To Participants:

An objective of this inservice training workshop is to increase your knowledge of the procedures and processes for screening, identifying, diagnosing, referring and classroom intervention for the student with special needs.

The following objective test will help determine the degree to which the training sessions have been helpful in accomplishing the stated objectives. Please be assured that your score will not be used for any purpose but evaluation of this workshop. Your answers are confidential and you are to remain anonymous.

Thank you for your cooperation.

W. Howze

Training Consultant

Test Of Cognitive Knowledge

Multiple choice: Choose the letter that most correctly answers the statement.

1. The total number of existing cases of any exceptionality at any given time is called

a) case load

b) incidence

c) enrollment

d) prevalence

2. Children of lower socioeconomic status are more difficult to include in total numbers of any exceptionality because

a) their parents do not know of services available

b) those counting are not as concerned with low socioeconomic status children

c) of geographical inaccessibility and frequent mobility

d) their parents do not want their children to receive "welfare"

3. Sequenced educational task refers to

a) increasing level of difficulty

b) tasks divided up by blocks of time

c) increasing level of complexity

d) decreasing level of difficulty

4. The federal law which provided for free appropriate education for all handicapped children between the ages of 3 and 21 is

a) PL 92-144

b) PL 94-142

c) PL 89-176

d) PL 96-101

5. IEP is an acronym for

a) Independent Evaluation Process

b) Independent Educational Progress

c) Individual Evaluation Procedure

d) Individual Educational Program

6. Mental retardation refers to

a) intelligence quotient below 85

b) subaverage intelligence with deficits in adaptive behavior

c) Down's syndrome

d) abnormal mental behavior

7. "The Six-Hour Retarded Child" refers to

a) the child who does not function due to insufficent sleep

b) the child who functions as retarded while in school

c) the child who cannot adapt to long periods of concentration

d) the child who cannot dress himself

8. The AAMD classification system uses

a) mild, moderate, severe, profound

b) moderate, trainable, institutional, vegetable

c) educable, trainable

d) none of the above

9. The estimated percentage of retarded children in America is

a) 7 percent

b) 10 percent

c) 1 percent

d) 3 percent

10. The most obvious characteristic of the retarded is their

a) physical unattractiveness

b) reduced ability to learn

c) emotional liability

d) chronic physical illness

11. Speech problems in retarded children in relation to normal children are

a) about the same

b) less frequent

c) more frequent

d) not related to retardation

12. Preschool classes for retarded children emphasize

a) life skills

b) readiness skills

c) reading, writing and arithmetic

d) unsupervised play

13. The vast majority of retarded children would benefit most from

a) institutionalization

b) private tutoring

c) mainstreaming

d) in-home education

14. The result of all education for the retarded should be

a) integration into the community

b) acceptance by peers

c) reducing the retardation

d) work productivity

15. Since research suggests that the retarded child may be lacking in motivation, the classroom teacher should emphasize

a) structure

b) grades

c) discipline

d) novelty

16. Most retarded children learn best by

a) drill and repetition

b) verbal recitation

c) frequent testing

d) worksheets

17. The least debatable characteristic of a learning disability is

a) emotional immaturity

b) reading difficulty

c) academic retardation

d) central nervous system dysfunction

18. Screening refers to

a) testing children teachers believe to need exceptional education service

b) testing all children for possible defects

c) administering an I.Q. test to all children

d) testing suspected learning impaired students

19. Indentification of children by screening logically leads to the next step of

a) diagnosis

b) classroom intervention

c) referral for evaluation

d) placement in special classes

20. Diagnosis refers to

a) examining symptoms to determine cause

b) determining the limitations of the child

c) placing a label upon the condition affecting school performance

d) assessing needs and prescribing educational alternatives

21. Mainstreaming refers to

a) placing all handicapped children in regular classrooms

b) placing each handicapped child in the least restrictive environment

c) using regular classroom teachers to teach exceptional students

d) placing handicapped students in special centers

22. In the simplest sense, a learning disabled child is one who

a) is not achieving up to potential

b) is brain dysfunctional

c) has a disorder of psychological processes

d) cannot succeed in school

23. Most estimates of learning disabilities tend to

be

a) 7 percent

b) 21 percent

c) 1 percent

d) 3 percent

24. The most common test used with a learning disabled child is the

a) criterion referenced test

b) informal screening inventory

c) standarized achievement test

d) behavioral assessment

25, The ITPA (Illinois Test of Psycholinguistic Abilities) is the test that

a) generated interest and growth in the field of learning disabilities

b) is most widely used as an achievement test

c) has high predictive validity

d) has 15 subtests

26. Behavioral Assessment is

a) a test to measure social adjustment

b) direct daily measurement of behavior

c) recording of verbal expressions

d) a criterion referenced test

27. To reduce hyper-responsiveness in the classroom

for learning disabled children, the teacher should

a) isolate the child

b) use peer play

c) reduce or eliminate high intensity distractions

d) play background music

28. Using a process training approach, a child thought to have reading problems due to visual perception would first be

a) seated in the front of the room

b) given visual perception training

c) examined for perceptual-motor problems

d) fitted for contact lenses

29. Multisensory approaches with the learning disabled would emphasize

a) academic materials

b) painting and clay modeling

c) reading

d) class plays

30. Cognitive behavior modification with learning disabled children involves

a) self-initiative and problem solving strategies

b) adult role models

c) stimulus reduction

d) process training

31. Emotional disturbance refers to

a) behavior that goes to the extreme, is unacceptable and is chronic

b) bizarre behavior

c) acting out

d) inability to get along with peers

32. The prevalence of emotionally disturbed children in the U.S. is

a) 2 to 3 percent

b) 17 to 19 percent

c) 4 to 8 percent

d) 6 to 10 percent

33. In terms of screening, emotionally disturbed children are

a) readily identified by school personnel

b) identified best by a general personality test

c) formal and very accurate

d) informal and imprecise

34. An aggressive, acting out child would best be described as

a) bizarre

b) psychopathic

c) sociopathic

d) immature

35. Like retarded children, emotionally disturbed children lack

a) love

b) daily living skills

c) academic ability

d) gross motor skills

36. The psycho-educational approach to educating emotionally disturbed children emphasizes

a) nontraditional educational setting

b) all aspects of the child's life

c) measurement of responses

d) meeting individual needs of the child

37. The behavioral approach to educating emotionally disturbed children emphasizes

a) nontraditional educational settings

b) all aspects of the child's life

c) measurement of responses

d) meeting individual needs of the child

38. Most emotionally disturbed children

a) receive no exceptional education service at all

b) are in special classes

c) receive private care

d) grow out of their problems as they mature

39. Early identification and prevention of emotional

disturbance

a) is not possible

b) is a basic goal of any treatment program

c) mostly doesn't work

d) must wait until children are at least 6 years old

40. The regular classroom teacher in handling emotionally disturbed children must

a) seek outside help

b) communicate expectations clearly and firmly

c) not discipline the child

d) make special allowances for the child

41. Oral communication includes

a) speech generation and speech

b) the child's need for an oral environment

c) the use of residual hearing via hearing aids

d) all of the above

42. Irreversible and permanent types of hearing losses include

a) sensorneural loss

b) conductive loss

c) mixed loss

d) A and C only

43. Hearing disorders are detrimental to a child's

a) personality development

b) social and emotional development

c) communication skill development

d) b and c only

e) all of the above

44. The causes of Down's syndrome include

a) microcephaly

b) cerebrospinal fluid complications

c) chromosomal aberrations

d) blood incompatibility

45. Segregated class placement for the exceptional student may result in

a) stigmatizing

b) negative self-concept and lack of motivation

c) lack of equal education opportunity

d) all of the above

46. Characteristics of the gifted vary most commonly according to the following

a) conflicting conceptualizations of giftedness, talent and creativity

b) the wide range of reactions of individuals to the same situation

c) the effect of different environmental backgrounds of children in our schools

47. Visually handicapped children may be taught by

a) large print tools

b) Braille

c) manual communication

d) all of the above

48. Orientation and mobility training

a) allows blind children and adults to negotiate their environment

b) may be accompanied by a short cane

c) is an optional component of education programs for the blind and persons with low vision

d) all of the above

49. The most frequently occuring communication disorders are

a) voice disorders

b) articulation disorders

c) hesitancy and fluency disorders

d) receptive disorders

50. Which of the following is an important characteristic of creativity?

a) high intelligence

b) intellectual flexibility

c) attention and concentration powers

d) conformity

51. Factors that contributed to the adoption of the

concept of mainstreaming were related to

a) inadequate and biased assessment

b) indiscriminate special education placement

c) the value of peer interaction between handicapped and non-handicapped children

d) a and b only

e) all of the above

52. Cerebral palsy is a complex condition caused by

a) damage to the area of the brain that controls voluntary muscle movement

b) genetic disorders

c) chromosomal disorders

d) none of the above

53. Least restrictive environment as revised by PL 94-142 refers to

a) total integration of handicapped children in the regular classroom

b) special instructional placement for the time needed to provide appropriate specialized services to the handicapped

c) the relocation of all handicapped children from residential institutions to community homes

d) the removal of architectural barriers at federally-funded facilities

54. Learning disabilities pioneers were primarily interested in children who exhibited the following behavioral characteristics

a) hyperactivity

b) disorders of reading and written language

c) disorders of spoken language

d) perceptual motor disorders

e) all of the above

55. Characteristics of gifted and talented students include

a) social and emotional adjustment problems

b) advanced language and motor development

c) both a and b

d) neither a nor b

56. Creativity includes

a) hypothesis testing to produce a wide range of responses

b) memorization of factual material

c) the ability to move from general to specific response

d) the ability to locate one correct response or solution

57. Speech disorder is

a) inability to speak clearly

b) a malfunction of encoding or decoding

c) a language disorder

d) a brain dysfunction

58. Holophrastic speech is

a) two-word sentences

b) a string of syllables

c) unintelligible syllables

d) a normal stage of language development

59. Screening for speech and language disorders would detect problems of

a) quality, resonance, loudness, pitch

b) word usage, pitch, quality

c) pitch, loudness, resonance, physical malformation

d) growths on the larynx

60. Stuttering is

a) the most frequent type of speech flow disorder

b) the same as cluttering

c) incurable

d) a sign of brain dysfunction

61. In treating language and speech disorder in the classroom, the most important procedure is

a) to listen to the child

b) early interventions

c) to administer an I.Q. test

d) to avoid having the child speak so as not to embarrass the child

62. For speech and language disorder children, the teacher should

a) provide interesting things to talk about

b) not grade the child on language exercises

c) ignore the problem

d) single the child out for special classroom procedures

63. Children with severe hearing loss

a) need a special classroom

b) are easy to identify

c) often are intellectually slow

d) have behavior problems

64. The most common ear problem is

a) otitis media

b) tinnitus

c) dsyacusis

d) otosclerosis

65. Approximately what percentage of children have hearing outside the normal range?

a) 10 percent

b) 2 percent

c) 8 percent

d) 5 percent

66. The area of schooling most affected by hearing loss is

a) writing

b) peer interaction

c) cognitive development

d) reading ability

67. Auditory training is

a) training in listening skills

b) training to use what hearing is available

c) training to speak distinctly

d) training in lip reading

68. Teaching the hearing impaired that certain actions of the speaker are connected with certain messages is

a) oralism

b) speech reading

c) nonverbal cues

d) manualism

69. Early intervention with the hearing impaired can

a) cure them

b) make the problem more severe

c) wait until the child is old enough to learn language

d) reduce poor school performance

70. In educating hearing impaired students, the academic curriculum should be

a) as close to the regular classroom as possible

b) specific for the hearing impaired

c) focused on speech and language

d) no different from the regular curriculum

71. The best classroom seating arrangement for a hearing impaired child is

a) directly in front of the teacher

b) in the front of the room to the side

c) in the front facing the teacher and the students

d) near the back of the room

72. The percentage of visually impaired children in schools is

a) .5 percent

b) 3 percent

c) 5 percent

d) .1 percent

73. Typical school screening will not detect children whose vision problem is

a) near vision

b) far vision

c) astigmatism

d) congenital eye defects

74. The blind exhibit verbal unreality or

a) retinitis

b) myopia

c) verbalism

d) anaphthalmus

75. Cognitive ability in visually impaired children

a) exceeds normal children

b) lags behind normal children

c) is no different from that of normal children

d) is the same as that of normal children

76. Visually impaired students benefit most from

a) verbal experiences

b) tactile experiences

c) verbal/visual experiences

d) kinesthetic experiences

77. The visually impaired child is very good at

a) arts and crafts

b) music

c) listening skills

d) peer relationships

78. Vision impaired students are not as academically deficient as the

a) hearing impaired

b) physically handicapped

c) learning disabled

d) emotionally impaired

79. Teachers should encourage vision impaired students to

a) use Braille exclusively

b) rely on peers for assistance

c) utilize any residual vision

d) develop techniques for using the tape recorder

80. Vision impaired students should be

a) treated like all other children in the classroom

b) assigned a peer friend to assist them

c) be protected from the usual classroom dangers

d) placed in special classes

81. Physically handicapped children occupy about what percentage of the population?

a) 3 percent

b) 1.5 percent

c) .5 percent

d) 10 percent

82. In general, the correlation between physically handicapped children and academic achievement

a) is not significant

b) varies too widely to generalize

c) is higher than in normal children

d) is about the same as normal children

83. As teachers, we should

a) lower our expectations for the physically handicapped

b) maintain the same expectations as we have for other children

c) raise our expectations to teach the child to overcome the handicap

d) have different expectations than we do for normal children

84. The most pervasive concern of teachers with handicapped children in the classroom is

a) handling and positioning

b) the child's physical safety

c) the effect on the other students

d) restroom facilities for the child

85. If a physically handicapped child is to be placed in a regular classroom, the teacher should

a) not mention this to the other children prior to placement

b) discuss physical disabilities with the class as a learning experience

c) discuss the specific child's problem with the

other children prior to placement

d) let the child explain to the other children

86. Gifted children are

a) intellectually superior

b) superior in creativity

c) superior on some measure to a comparison group of other children

d) too varied to define

87. The prevalence of gifted children in the school population is

a) 10 to 12 percent

b) 15 percent

c) 2 to 5 percent

d) 1 percent

88. Ability in gifted children can best be measured by

a) observation

b) parental checklist

c) previous grades

d) intelligence and achievement tests

89. Gifted children as a group are physically

a) more advanced

b) average

c) below average

d) no different than others; physical characteristics are not correlated with giftedness

90. Gifted children as a group, in terms of academic achievement, are

a) undermotivated

b) far advanced

c) average

d) bored

91. At an early age, gifted children tend to be particularly concerned with

a) physical experiences

b) grades

c) social problems

d) dreams and imaginings

92. Differential education for the gifted means

a) special treatment

b) special field trips

c) enrichment within the regular curriculum and classroom

d) the same as it does for any other child

93. Giftedness is a result of

a) heredity

b) environment

c) a combination of factors

d) biological luck

94. Gifted children can most easily be recognized by the classroom teacher from

a) physical appearance

b) socioeconomic status

c) advanced developmental stages

d) social skills

95. The best approach for a regular classroom teacher to use with the gifted is

a) to seek out school/community resources

b) to separate the gifted children into their own group

c) to ignore the gifted children

d) to urge the administration to hire a specialist

96. The majority of exceptional students are educable

a) in the regular classroom

b) in special programs

c) with special teachers

d) in institutions

97. Research supports the notion that special classes for the exceptional student have been

a) very successful

b) not very effective

c) the best placement in terms of the normal children

d) detrimental to the exceptional child

98. Labeling has been shown to

a) be very effective

b) have no direct relationship to success

c) be very detrimental

d) have no effect

99. Most mainstreaming has occurred because

a) teachers requested it

b) parents requested it

c) principals insisted on it

d) legislation forced it

100. The zero-reject model of mainstreaming

a) holds the role of special education to be to train regular classroom teachers

b) holds that all children must be placed in the regular classroom

c) sees special education as the ultimate answer to exceptional students' needs

d) sees special education as necessary but not desirable

APPENDIX E

Attitude Survey For Training Participants

To Participants:

As we discussed in our initial meeting, one area that we will be examining in our training sessions in exceptional education is our attitude toward exceptional children. The following attitude survey will allow me, as training consultant, to judge the effectiveness of the training.

For purposes of this survey, no interest is held in your personal attitude as reflected in your answers. All answers will be confidential and you are asked to remain anonymous so that your responses will not be influenced by the opinion of others.

Thank you for your participation and cooperation.

W. Howze
Training Consultant

Please check the appropriate blank that most nearly reflects your response to each statement.

1. By law, all handicapped children must be mainstreamed or placed in the least restrictive environment of the regular classroom.

Strongly Agree ___ Agree ___ Disagree ___
Strongly Disagree ___

2. Children labeled as mongoloid are happy, compliant and pleasant to have around.

Strongly Agree ___ Agree ___ Disagree ___
Strongly Disagree ___

3. It is easy to determine the number of handicapped children with each specific type of handicap.

Strongly Agree ___ Agree ___ Disagree ___
Strongly Disagree ___

4. Most mentally retarded children look different from normal children.

Strongly Agree ___ Agree ___ Disagree ___
Strongly Disagree ___

5. If a person has a low I.Q., then that person's adaptive living skills will be subnormal.

Strongly Agree ___ Agree ___ Disagree ___
Strongly Disagree ___

6. A child who is mixed dominant (e.g., right-handed

and left-footed) will have learning disabilities.

Strongly Agree ___ Agree ___ Disagree ___

Strongly Disagree ___

7. Learning disabled children have brain damage or brain dysfunction.

Strongly Agree ___ Agree ___ Disagree ___

Strongly Disagree ___

8. A hearing aid allows a person to hear normally.

Strongly Agree ___ Agree ___ Disagree ___

Strongly Disagree ___

9. Emotionally disturbed children are usually bright.

Strongly Agree ___ Agree ___ Disagree ___

Strongly Disagree ___

10. The deaf child is inherently lower in intelligence.

Strongly Agree ___ Agree ___ Disagree ___

Strongly Disagree ___

11. Most emotionally disturbed children need a permissive, low structure environment.

Strongly Agree ___ Agree ___ Disagree ___

Strongly Disagree ___

12. Deafness almost always leads to the inability to speak.

Strongly Agree ___ Agree ___ Disagree ___
Strongly Disagree ___

13. Psychologists and social workers are the best people to work with emotionally disturbed children.

Strongly Agree ___ Agree ___ Disagree ___
Strongly Disagree ___

14. A dialect used by someone from a culturally or ethnically different group is, in reality, a speech disorder.

Strongly Agree ___ Agree ___ Disagree ___
Strongly Disagree ___

15. The symptoms we see in the emotionally disturbed are really caused by problems deep in the child's psyche.

Strongly Agree ___ Agree ___ Disagree ___
Strongly Disagree ___

16. Children with language disorders almost always have speech difficulties as well.

Strongly Agree ___ Agree ___ Disagree ___
Strongly Disagree ___

17. Most legally blind people use Braille as their primary reading method.

Strongly Agree ___ Agree ___ Disagree ___
Strongly Disagree ___

18. Physically disabled people have no need for

sexual expression.

Strongly Agree ___ Agree ___ Disagree ___

Strongly Disagree ___

19. The blind have an extra sense that enables them to detect obstacles.

Strongly Agree ___ Agree ___ Disagree ___

Strongly Disagree ___

20. Most children with cerebral palsy have at least average or above average intelligence.

Strongly Agree ___ Agree ___ Disagree ___

Strongly Disagree ___

21. The blind automatically develop a sharpened acuity of the remaining senses.

Strongly Agree ___ Agree ___ Disagree ___

Strongly Disagree ___

22. Cerebral palsy is a contagious disease.

Strongly Agree ___ Agree ___ Disagree ___

Strongly Disagree ___

23. The blind have superior musical ability.

Strongly Agree ___ Agree ___ Disagree ___

Strongly Disagree ___

24. Blind children develop superior powers of concentration and are good listeners.

Strongly Agree ___ Agree ___ Disagree ___

Strongly Disagree ___

25. Gifted individuals are in a sense superhuman.

Strongly Agree ___ Agree ___ Disagree ___

Strongly Disagree ___

26. Labeling a child retarded, disturbed or blind is inappropriate.

Strongly Agree ___ Agree ___ Disagree ___

Strongly Disagree ___

27. The gifted tend to be mentally unstable.

Strongly Agree ___ Agree ___ Disagree ___

Strongly Disagree ___

28. A person is gifted if that person scores above a certain level on a I.Q. test.

Strongly Agree ___ Agree ___ Disagree ___

Strongly Disagree ___

29. Special classes for exceptional children do more harm than good.

Strongly Agree ___ Agree ___ Disagree ___

Strongly Disagree ___

30. Gifted people do most everything well.

Strongly Agree ___ Agree ___ Disagree ___

Strongly Disagree ___

Using the scale below each category, indicate your

level of comfort with each type of exceptional child in your classroom. Place a check on the scale at the place most descriptive of your feelings. One is the most uncomfortable, and 10 is the most comfortable.

1. Mentally retarded child

Least _____ Most

1 10

2. Learning disabled child

Least _____ Most

1 10

3. Emotionally disturbed child

Least _____ Most

1 10

4. Speech and language disabled child

Least _____ Most

1 10

5. Hearing impaired child

Least _____ Most

1 10

6. Visually impaired child

Least _____ Most

1 10

7. Physically handicapped child

Least _____ Most

1 10

8. Gifted child

Least _____ Most

1 10

APPENDIX F

Special Education Procedures Manual

Evaluation Form

Please compare this procedures manual to all other such material you have been familiar with during your tenure as an exceptional education staff member. Respond to each item by checking the blank that most nearly reflects your professional opinion.

1. This manual thoroughly covers the areas of screening, identification, referral, diagnosis and classroom intervention for potential exceptional education students.

The Best _____ Very Good _____ Adequate _____

Poor _____ Not At All _____

2. The screening procedures are adequate and professionally acceptable.

The Best _____ Very Good _____ Adequate _____

Poor _____ Not At All _____

3. Identification procedures have safeguards, to neither over-identify or under-identify potential exceptional education students.

The Best _____ Very Good _____ Adequate _____

Poor _____ Not At All _____

4. The referral sources are appropriate to each

specific exceptionality.

The Best _____ Very Good _____ Adequate _____

Poor _____ Not At All _____

5. Diagnosis descriptions are accurate and reflect the etiology of the exceptionality.

The Best _____ Very Good _____ Adequate _____

Poor _____ Not At All _____

6. Classroom interventions are realistic and able to be used by teachers with no training or minimal training in exceptional education.

The Best _____ Very Good _____ Adequate _____

Poor _____ Not At All _____

7. A staff member using the manual could manage a child's progress from screening through classroom intervention with a minimum of time and effort.

The Best _____ Very Good _____ Adequate _____

Poor _____ Not At All _____

8. Compared to all other procedures manuals with which you are familiar, where would this manual be ranked?

The Best _____ Very Good _____ Adequate _____

Poor _____ Not At All _____

Training Session Interim Evaluation

To Participants:

As the consultant responsible for your success in this inservice education workshop, I need to know how you are responding to each training session. I would appreciate your completing the Interim Evaluation so I can plan for any needed changes and improvements before the next training session.

Further, as I explained to you in our initial meeting, the results of this and other instruments you complete will allow me to collect data that will be beneficial to me in my doctoral program.

Of course, your responses are confidential and you are to remain anonymous. I appreciate your time and I thank you.

Wendell Howze
Training Consultant

Please indicate your reaction to each of the following questions by checking the blank that most nearly reflects your feelings. A space has been provided at the bottom of the form for you to add any relevant comments you choose to make.

1. The objective of this training session was clearly specified at the beginning of the session.

Strongly Agree ___ Agree ___ Disagree ___ Strongly Disagree ___

2. The objective of this training session is clear to me.

Strongly Agree ___ Agree ___ Disagree ___ Strongly Disagree ___

3. I clearly understood the printed and verbal information given during the training session.

Strongly Agree ___ Agree ___ Disagree ___ Strongly Disagree ___

4. The packet of materials given to me one week prior to the training session was clear, concise and benefitted me in the training session.

Strongly Agree ___ Agree ___ Disagree ___ Strongly Disagree ___

5. The trainer appeared to have planned for the session and he knew what he was doing.

Strongly Agree ___ Agree ___ Disagree ___
Strongly Disagree ___

6. The training activities were meaningful and related to the session objective.

Strongly Agree ___ Agree ___ Disagree ___
Strongly Disagree ___

7. The training session was interesting and challenging.

Strongly Agree ___ Agree ___ Disagree ___
Strongly Disagree ___

8. I can take things from this training session and use them in my classroom.

Strongly Agree ___ Agree ___ Disagree ___
Strongly Disagree ___

Please feel free to comment on the following three areas:

9. Specific things I liked about the training session:

10. Specific suggestions for improvement in this and future training sessions:

11. Additional comments:

APPENDIX H

Outlines Of Each Training Session

Workshop Session 1

ORIENTATION

Date: January 10, 1985

Time: 3 to 4 p.m.

Location: Conference Room, Central Christian School

Content:

1. Introduction of consultant
2. Workshop goals
3. Workshop schedule
4. Workshop phases
5. Purpose of evaluation instruments
6. Homework
7. Question and answer

Materials:

1. "Workshop Goals" - handout
2. "Workshop Schedule" - handout
3. "Workshop Phases" - handout
4. "Summary of Screening Procedures" - handout/homework

Supplies:

1. Overhead projector

2. Acetate sheets

3. Marker pens

4. Copies of handouts (15)

Activities:

1. Billy Joyce Fine, School Director, introduces consultant to training group - 2 minutes

2. Explanation/discussion of workshop goals from handout and overhead projector - 15 minutes

3. Explanation of workshop schedule from handout - 15 minutes

4. Discussion of workshop phases with rationale from handout and overhead projector - 15 minutes

5. Discussion of evaluation instruments; allay any fears as to their purpose - 5 minutes

6. Homework assignment: reading; give out handout "Summary of Screening Procedures" - 5 minutes

7. Question and answer - 10 minutes

Workshop Session 2

SCREENING PROCEDURES FOR SPECIAL EDUCATION

Date: January 22, 1985

Time: 3 to 4 p.m.

Location: Conference Room, Central Christian School

Content:

1. Use, misuse, cautions in screening

2. Conditions for screening

3. Selection of screening procedures

4. Types of screening - auditory, visual, perceptual, motor, physical, medical, speech/hearing, social/emotional, psycho/educational

5. Training staff for screening/volunteers

6. Reporting results

7. From screening to referral/assessment

Materials:

1. "Summary of Screening Procedures" - homework handout from Workshop Session 1

2. Overhead charts on types of screenings

3. Overhead charts on reporting results

4. Audio tape - Sam Meisels on use, misuse, cautions in screening

5. Handout, "The Next Step: Assessment" - homework

6. Videotape for behavioral observation instrument

Supplies:

1. Overhead projector

2. Acetate sheets

3. Marker pens

4. Tape recorder/external speaker

5. Copies of handouts

6. Snellen chart, Jaeger chart

7. Audiometer (on loan from DEES)

8. Portable videocassette record (arrange for monitor)

Activities:

1. Audio tape: use, misuse, cautions in screening - 8 minutes

2. Brief lecture/discussion from homework handout: conditions for screening, selection of screening procedures - 10 minutes

3. Explanation using overhead charts: types of screening, training staff/volunteers for screening - 15 minutes

4. Display of Snellen chart, Jaeger chart, audiometer - 10 minutes

5. Group practice with behavioral observation instrument using videotape - 18 minutes

6. Group discussion from screening to referral/ assessment - 8 minutes

7. Homework: reading, handout "The Next Step: Assessment"

Workshop Session 3

ASSESSMENT PART 1

Date: January 24, 1985

Time: 3 to 4 p.m.

Location: Conference Room, Central Christian School

Content:

1. Screening and assessment
2. Overview of at-risk population - number of handicapped children by exceptionality
3. In-school assessment and outside referral - when
4. Community referral resources
5. Types of diagnosis - auditory, visual perceptual, motor, physical, medical, speech/hearing, social/emotional, psycho/educational
6. Diagnostic tests
7. Sample test procedure - "Slosson"

Materials:

1. Handout, "The Next Step, Assessment" - homework from Session 2
2. Overhead charts - number of handicapped children by exceptionality
3. Overhead charts - types of diagnosis

by exceptionality

4. Overhead charts - common diagnostic tests by exceptionality

5. Handout, "Number of Handicapped Children by Exceptionality"

6. Handout, Juvenile Welfare Board's "Community Referral Resources"

7. Handout, "Summary of Diagnostic Tests"

Supplies:

1. Overhead projector, acetate sheets, marker pens

2. Samples of diagnostic tests (on loan from Psychological Services)

3. "Slosson," with score sheet for each participant

4. Copies of handouts

Activities:

1. Compare and contrast screening and assessment using handout, "The Next Step, Assessment": Solicit participants' views from the reading - 5 minutes

2. Present overhead and handout, "Number of Handicapped Children by Exceptionality" - 3 minutes

3. Discussion of when to use in-school diagnosis and outside referral, handout, "Community Referral Resources" - 10 minutes

4. Lecture - Types of diagnosis, overhead - 8 minutes

5. Display of diagnostic tests (arrange for tables against walls in conference room), handout, "Summary of Diagnostic Tests" - 10 minutes

6. Discussion, use/misuse of test results - 8 minutes

7. Observation by participants of Slosson administration (arrange with B.J. Fine to use one-way mirror observation room) - 16 minutes

Workshop Session 4

ASSESSMENT PART 2

Date: January 29, 1985

Time: 3 to 4 p.m.

Location: Conference Room, Central Christian School

Content:

1. Slosson results

2. Behavioral observation: assessment confirmation/ updating

3. False positives/false negatives in assessment

4. Determining treatment/services

5. Staffing/placement/IEPs/educational goals

6. Homework: mental retardation

Materials:

1. Handout, "Interpreting Test Results"

2. Handout, "Summary: False Negatives/ False Positives"

3. Handout, "Model Staffing/Placement Program"

4. Handout, homework, "Summary: Mental Retardation"

5. Overhead: table on false positives/ false negatives

6. Overhead: sample IEPs, educational goals

Supplies:

1. Overhead projector, acetate sheets, marker pens

2. Materials for staffing, role playing

3. Copies of handouts

Activities:

1. Presentation of Slosson results from part 1: discussion, handout - 10 minutes

2. Simulation for behavioral observation when used for confirmation/updating of placement - 10 minutes

3. Overhead presentation on false negatives/ false positives, handout - 5 minutes

4. Lecture/discussion on determining treatment services - 10 minutes

5. Role play staffing/placement meeting, handouts - 25 minutes

6. Handout, "Summary of Mental Retardation"

Workshop Session 5

MENTAL RETARDATION

Date: January 31, 1985

Time: 3 to 4 p.m.

Location: Conference Room, Central Christian School

Content:

1. Definition/classification/mildly retarded

2. Myths about the retarded child

3. Educational considerations: cognitive, affective, social, communication, perceptual/ motor, case study

4. Managing the child in the classroom

5. Model programs for the mentally retarded

6. "Summary of Learning Disabilities" - homework handout

7. Optional: film, "Mental Retardation: The Hopeless"

Materials:

1. Handout, "Bibliography on Mental Retardation"

2. Handout, "Case Study of a Retarded Child"

3. Handout, "Educational Considerations"

4. Handout, "Definition/Classification of Mental Retardation"

5. Handout, "Managing the Retarded Child in School"

6. Handout, "Model Programs for the Mentally Retarded"

7. Educational Considerations, overhead

8. Managing the Retarded Child in School, overhead

Supplies:

1. Overhead projector, acetate sheets, marker pens

2. Copies of handouts

3. 16mm projector (arrange with B.J. Fine)

Activities:

1. Presentation: definition/classification, emphasis on the mildly retarded, overhead - 5 minutes
2. Discussion: question/answer, myths about the mentally retarded - 10 minutes
3. Lecture: Educational considerations, handout, overhead - 15 minutes
4. Panel discussion (three participants chosen previously, trainer as moderator): managing the child in the classroom, handout, overhead - 20 minutes
5. Lecture: model programs, handout - 10 minutes
6. Homework: handout, "Learning Disabilities"
7. Showing of film, "Mental Retardation: the Hopeless," optional attendance from 4 to 4:30 p.m. - 27 minutes

Workshop Session 6

LEARNING DISABILITIES

Date: February 6, 1985

Time: 3 to 4 p.m.

Location: Conference Room, Central Christian School

Content:

1. Misconceptions about/famous people with learning disabilities
2. Definitions of learning disabilities
3. Psychological and behavioral characteristics
4. Educational considerations/curriculum
5. Managing the child in the classroom
6. Homework: "Summary of Emotional Disturbances" - handout

Materials:

1. Handout, "Famous People Quiz"
2. Handout, "Misconceptions"
3. Handout, "Teacher Checklist on Learning Disabilities"
4. Handout, "Suggestions for Managing the Learning Disabled Child"
5. Handout, "Bibliography on Learning Disabilities"
6. Overhead, Famous People Quiz answers

Supplies:

1. Overhead projector, acetate, marker pens
2. Handouts (15)
3. Display items for simulation exercise

Activities:

1. Quiz, "Famous People with Learning Disabilities," handouts, overhead, summarize misconceptions - 10 minutes
2. Overhead: discussion, definitions of learning disabilities, "Teacher Checklist" handout - 5 minutes
3. Lecture: psychological/behavioral characteristics - 20 minutes
4. Simulation exercise: managing the child in the classroom, handout - 20 minutes
5. Handout, "Bibliography on Learning Disabilities" - 5 minutes
6. Handout, "Summary of Emotional Disturbances" - homework

Workshop Session 7

EMOTIONAL DISTURBANCE

Date: February 7, 1985

Time: 3 to 4 p.m.

Location: Conference Room, Central Christian School

Content:

1. Myths/facts about emotional handicaps
2. Definition/classification of emotional handicaps
3. Psychological/behavioral characteristics

4. Educational considerations/curriculum

5. Managing the child in the classroom

6. Working with parents

Materials:

1. Handout, "Working With Emotionally Handicapped Children"

2. Overhead - myths/facts about emotional handicaps

3. Overhead - definition/classification

4. Sound/slides - Stress, Frustration and Anxiety in Young Children

5. "Summary of Speech and Language Disabilities" - homework handout

Supplies:

1. Overhead, acetate, marker pens

2. Sound slide projector

3. Copies of handouts

Content:

Lecture: introduction from homework, summary of emotional handicaps, myths/facts about emotional handicaps overhead, definition/classification overhead, working with emotionally handicapped children handout - 10 minutes

2. Sound slide presentation: Stress, Frustration and Anxiety in Young Children (Guidance Associates), psychological/behavioral characteristics - 15 minutes

3. Discussion: filmstrip - 5 minutes

4. Brainstorming session: develop list of educational considerations and curriculum techniques, develop list of techniques for managing the child in the classroom. Use homework handout as basis for initiating session - 20 minutes

5. Role play: working with parents, role play discussing a classroom problem involving a child with the parents, trainer role playing teacher - 10 minutes

6. Homework: handout, "Summary of Speech and Language Disabilities"

Workshop Session 8

SPEECH AND LANGUAGE DISABILITIES

Date: February 12, 1985

Time: 3 to 4 p.m.

Location: Conference Room, Central Christian School

Content:

1. Misconceptions about speech/language

disorders

2. Briefly, speech/language production

3. Differences versus disorders in language

4. Psychological and behavioral characteristics

5. Educational considerations

6. Managing the child in school

7. Outside referral for speech/language correction

Materials:

1. All materials will be provided by guest presenter

2. "Summary of Hearing Impairment" - homework handout

Supplies:

1. Overhead projector

2. Audio tape recorder

3. Videotape recorder (arrange for monitor)

Activities:

1. Guest presenter, Dale Herbert, speech/language/hearing specialist, Pinellas County Schools - 55 minutes

2. Audio, video and oral presentation by guest presenter

3. "Summary of Hearing Impairment" - homework

handout

Workshop Session 9

HEARING IMPAIRMENT

Date: February 14, 1985

Time: 3 to 4 p.m.

Location: Conference Room, Central Christian School

Content:

1. Definition and classification
2. Briefly: anatomy and physiology of the ear
3. Psychological and behavioral characteristics
4. Considerations for classroom teachers
5. The educator/outside specialist cooperation

Materials:

1. Handouts, illustrations provided by panel members
2. "Summary of Visual Handicaps" - homework handout

Supplies:

1. List of necessary supplies will be provided by each panel member by February 1, 1985

Activities:

1. Panel presentation/discussion by:

Michael Diamond, M.D. Ear, Nose, Throat

Alan Gall, M.D. Ear, Nose, Throat

Barry Robbins, M.S. Audiologist

Dale Herbert, Speech/Language/Hearing
Specialist, Pinellas County Schools

2. Each speaker makes 5-minute presentation in area of expertise - 20 minutes

3. Panel discussion, audience questions, trainer serves as moderator - 25 minutes

4. "Summary of Visual Handicaps" - homework handout

Workshop Session 10

VISUAL IMPAIRMENT

Date: February 19, 1985

Time: 3 to 4 p.m.

Location: Conference Room, Central Christian School

Content:

1. Briefly, anatomy/physiology of the eye
2. Psychological and behavioral characteristics
3. Educational considerations/curriculum
4. Instructional aids
5. Managing the child in school

Materials:

1. Diagram of the eye - handout
2. Handout, "Adapting the Curriculum for the Visually Impaired"
3. Overhead, diagram of the eye
4. "Summary of Giftedness" - homework handout

Supplies:

1. Overhead, acetate sheets, marker pens
2. Kurzweil Reading Machine
3. Portable Braille recorder
4. Model of the eye

Activities:

1. Lecture: anatomy/physiology of the eye using overhead and eye model - 15 minutes
2. Discussion: psychological/behavioral characteristics, educational considerations, handout - 25 minutes
3. Demonstration: instructional aids, Kurzweil Reading Machine, portable Braille recorder - 20 minutes
4. "Summary of Giftedness" - homework handout

Workshop Session 11

GIFTEDNESS

Date: February 21, 1985

Time: 3 to 4 p.m.

Location: Conference Room, Central Christian School

Content:

1. I.Q. and I.Q. scores
2. Psychological/behavioral characteristics
3. Attitudes toward the gifted

4. Educational considerations/curriculum

5. Managing the gifted in the classroom

Materials:

1. "The Myth of I.Q." - handout

2. "Renzulli's Enrichment Triad Model" - handout

3. Overhead, enrichment triad model

4. "Mainstreaming: The Right Way" - homework handout

Supplies:

1. Overhead projector, acetate sheets, marker pens

2. Selection of books, journals on giftedness

3. Sample projects completed by students in gifted program, Pinellas County Schools

Activities:

1. Brief summary of homework handout, "Summary of Giftedness" - 5 minutees

2. Explain/discuss handout, "The Myth of I.Q." - 10 minutes

3. Present Renzulli's Enrichment Triad Model: handout, overhead - 5 minutes

4. Panel discussion/question and answer: panel members will be five 10th and 11th grade

students who have been in a public school gifted program since grade 1; trainer will serve as moderator - 40 minutes

5. "What is Mainstreaming?" - homework handout

6. By choice, participants may stay beyond the hour to examine books and sample projects

Workshop Session 12

MAINSTREAMING

Date: February 26, 1985

Time: 3 to 4 p.m.

Location: Conference Room, Central Christian School

Content:

1. What is mainstreaming/philosophy of mainstreaming
2. What mainstreaming is not
3. Responsibilities of the classroom teacher/ teacher aides
4. Resource personnel for mainstreaming
5. Activities for mainstreaming children

Materials:

1. Overheads (3), "What is Mainstreaming?"
2. Overheads (2), "What Mainstreaming is Not"
3. "Responsibilities of the Classroom Teacher/ Teacher Aides" - handout

4. "Resource Personnel for Mainstreaming" - handout

5. Audio tape: "Activities for Mainstreaming Children"

Supplies:

1. Overhead, acetate sheets, marker pens

2. Tape recorder

Activities:

1. Presentation: What is Mainstreaming (overhead), What Mainstreaming is Not (overhead) - 15 minutes

2. Discussion: responsibilities of the classroom teacher/teacher aides, elicit from participants using blank overhead, then show previously completed overhead - 15 minutes

3. Lecture/discussion: responsibilities of the classroom teacher/teacher aides - 10 minutes

4. Brainstorming session - available resource personnel in the school, parents, community. Emphasize need for this in private school setting.

5. Audio tape, Activities for Mainstreaming Children (teachers discussing successful mainstreaming), discussion to follow with participants - 20 minutes

6. No homework

Workshop Session 13

REVIEW OF CURRENT LITERATURE

Date: February 28, 1985

Time: 3 to 4 p.m.

Location: Conference Room, Central Christian School

Content:

1. Journals in special education: samples
2. Briefly, how to read and understand research
3. Summary of research in each area using computer data base
4. Survey of current articles to predict trends

Materials:

1. Journals (samples from trainer's library and Pinellas County Schools' professional library)
2. Overhead, "How to Read and Understand Research"
3. "The Manager" data base computer program
4. "Using Quality Circles" homework handout

Supplies:

1. Overhead projector, acetate sheets, marker pens
2. Portable computer
3. External monitor for portable computer
4. Data disks for "The Manager"
5. Blank computer disks

Activities:

1. Pass out sample journals, participants chose article, read and write a brief summary - 15 minutes
2. Presentation on how to read and understand research, overhead - 5 minutes
3. Demonstration of computer data base, hands-on use - 25 minutes
4. Demonstration of computerized trend analysis, hands-on use - 10 minutes
5. "Using Quality Circles" homework handout. Briefly mention that training will now move to product phase.

Workshop Session 14

ORGANIZING QUALITY CIRCLES

Date: March 5, 1985

Time: 3 to 4 p.m.

Location: Conference Room, Central Christian School

Content:

1. How to start a quality circle program
2. How to utilize the eight-step problem solving method
3. How to use quality circles in the classroom
4. How to use quality circles for participatory management

Materials:

1. "Quality Circles Adapted for Educators" - handout
2. "Quality Circles: Problem Solving" - videotape
3. Overhead, "Using Quality Circles"

Supplies:

1. Overhead projector, acetate sheets, marker pens
2. Portable videotape recorder (arrange for monitors)
3. Blank reaction form for videotape

Activities:

1. Presentation: introduce quality circles concept, draw from homework handout, overhead, "Using Quality Circles" - 10 minutes
2. Show videotape - 35 minutes
3. Complete reaction forms - 10 minutes

4. Preview Session 15 - ask open-ended questions

Workshop Session 15

FOLLOW UP - QUALITY CIRCLES

Date: March 6, 1985

Time: 3 to 4 p.m.

Location: Conference Room, Central Christian School

Content:

1. Understanding of mechanisms of quality circles
2. Organization of quality circles for work sessions
3. Planning for work sessions for March 7, 12, 14, 19, 21, 25, 28

Materials:

1. "Goals for Work Sessions" handout
2. "Task - Special Education Procedures for Central Christian School" handout
3. "Quality Circles: Problem Solving Tool for Educators" videotape

Supplies:

1. Overhead projector, acetate sheets, marker pens
2. Portable videotape recorder (arrange for monitor)

Activities:

1. Answer questions on quality circles process; replay parts of videotape if necessary - 10 minutes
2. Participants set up quality circle, trainer observes and participates only if requested - 40 minutes
3. Explain task of developing special education procedures manual - 10 minutes

Note:

The sessions for March 7, 12, 14, 19, 21, 25 and 28 are work sessions for the quality circle problem solving task. The trainer will be available as an observer but not a participant.

Workshop Session 16

ROLE OF PEER TRAINER

Date: April 2, 1985

Time: 3 to 4 p.m.

Location: Conference Room, Central Christian School

Content:

1. What is peer training
2. Do's and don'ts of peer training
3. Peer training and Central Christian School's special education program

Materials:

1. "Summary of Peer Training" handout
2. "Peer Training Do's and Don'ts" overhead
3. "Peer Training and Central Christian School" handout

Supplies:

1. Overhead projector, acetate sheets, marker pens
2. Blank "model program" forms

Activities:

1. Lecture: What is peer training, explanation of handout, "Summary of Peer Training" - 10 minutes
2. Presentation/discussion: peer training do's and don'ts, overhead - 20 minutes
3. Brainstorming session: peer training and Central Christian School - 20 minutes
4. Complete: "Model Program for Peer Training" forms - 10 minutes

Workshop Session 17

COLLEGIAL SUPERVISION

Date: April 4, 1985

Time: 3 to 4 p.m.

Location: Conference Room, Central Christian School

Content:

1. Summary of collegial supervision
2. Contrast collegial supervision with clinical supervision
3. Developing collegial supervision at Central Christian School
4. Techniques of micro teaching

Materials:

1. "Summary of Collegial Supervision" overhead
2. "Collegial Supervision vs. Clinical Supervision" overhead
3. "The Teacher as Client" overhead
4. "Community Resource Personnel" from Juvenile Welfare Board, homework handout

Supplies:

1. Overhead projector, acetate sheets, marker pens
2. Portable videotape recorder (arrange for monitor)
3. Video camera
4. 120-minute blank video cassette
5. Copies of handouts

Activities:

1. Presentation: "Summary of Collegial Supervision" overhead, "Collegial Supervision vs. Clinical Supervision" overhead, "The Teacher as Client" overhead - 20 minutes
2. Discussion: Collegial Supervision and Central Christian School - 15 minutes
3. Demonstration: Micro teaching, videotaped - 25 minutes
4. "Community Resource Personnel" homework handout

Workshop Session 18

RESOURCE PERSONNEL

Date: April 9, 1985

Time: 3 to 4 p.m.

Location: Conference Room, Central Christian School

Content:

1. Resource personnel available in the community
2. Procedures for contacting outside resource personnel
3. Coordination between community resource personnel, school personnel and parents

Materials:

1. "Community Resource Personnel" booklet,

Juvenile Welfare Board

2. "Utilizing the Diagnostic and Remediation Center's Services" handout

3. "Community Resources" videotape

4. "The Diagnostic and Remediation Center of Pinellas County" videotape

Supplies:

1. Videotape recorder (arrange for monitor)

Activities:

1. Review booklet, "Community Resource Personnel" - 15 minutes

2. "Community Resources" videotape - 15 minutes

3. Discussion: coordinating the role of community resource personnel, school personnel and parents - 15 minutes

4. "The Diagnostic and Remediation Center of Pinellas County" videotape - 15 minutes

Workshop Session 19

ONGOING TRAINING FOR SPECIAL EDUCATION

Date: April 11, 1985

Time: 3 to 4 p.m.

Location: Conference Room, Central Christian School

Content:

1. Establish methods for continuation

of training

2. Establish methods for updating of special education procedures

Materials:

None

Supplies:

1. Overhead projector, acetate sheets, marker pens

2. Legal pads, pencils (15 of each)

Activities:

1. Brainstorming session for establishing methods to insure continuation beyond the workshop - 25 minutes

2. Discussion of ideas generated - 15 minutes

3. Write down draft of plan for presentation to the school director and school faculty

Note:

The workshop sessions for April 16 and 18 will be used to administer the post-training cognitive test and post-training attitude survey

Workshop Session 20

PRESENTATION OF RESULTS

TRAINER'S CONCLUSIONS

Date: April 23, 1985

Time: 3 to 4 p.m.

Location: Conference Room, Central Christian School

Content:

1. Comparison of pre-training/post-training cognitive test results
2. Comparison of pre-training/post-training attitude survey results
3. Conclusions
4. Feedback from participants
5. Thanks and appreciation from trainer

Materials:

1. "Cognitive Test Results" overhead
2. "Attitude Survey Results" overhead
3. "Conclusions from Training" overhead

Supplies:

1. Overhead projector, acetate sheets, marker pens

Activities:

1. Presentation, "Cognitive Test Results" overhead - 15 minutes

2. Presentation, "Attitude Survey Results"
overhead - 15 minutes
3. Presentation, "Conclusions from Training"
overhead - 15 minutes
4. Thanks and appreciation from trainer

APPENDIX I

Summary For Each Exceptionality

Summary - Visual Handicaps

Myths:

1. Legally blind children have no sight at all.
2. Most legally blind children must use Braille.
3. Blind children develop an extra sense.
4. Blind children's remaining senses are sharper than non-blind children's senses.
5. Blind children have superior musical ability.
6. Blind children are most often helpless and dependent.
7. Overuse of sight will cause vision to deteriorate.
8. Blind children automatically develop superior powers of concentration.

Psychological, Behavioral Characteristics:

1. Ability to learn and use language is not impaired.
2. Blindness does not automatically result in lower I.Q.
3. Conceptual ability lags behind the non-blind.
4. Spatial concepts cause the greatest learning problems.
5. Tactual experiences are most important.
6. Academic achievement lags behind.
7. Personal and social adjustment problems are not part of blindness.
8. Self-concept is not lowered.

Educational Considerations, Managing the Child in School:

1. Use of remaining sight.
2. Listening skills.
3. Mobility training.
4. Give child responsibility.
5. Use sighted children as aides - watch for overdependence.
6. Encourage social interaction.
7. Encourage child to participate in all activities except those clearly physically dangerous.
8. Arrange seating so child can hear and use remaining sight.

Summary - Physical Handicaps

Myths:

1. Cerebral palsy is a contagious disease.
2. Cerebral palsy can be cured.
3. Most physically impaired children have above-average I.Q.s.
4. Children with epilepsy are mentally ill.
5. Arthritis does not affect children.

Psychological, Behavioral Characteristics:

1. No valid generalization can be made about academic achievement.
2. No valid generalization can be made about emotional stability.
3. People's reaction to the handicap is of prime importance.
4. Family problems often occur as a result of the physical disability.
5. Physically impaired children learn positive or negative reaction to their handicaps.

Educational Considerations, Managing the Child in School:

1. Behavior modification techniques work well.
2. Placement in the regular classroom is most desirable.
3. The curriculum and instruction should be as normal as possible.
4. Medical information should be obtained.
5. Normalize the school day.
6. Maintain communication with the family.
7. Other children take their cues from the teacher in reacting to physical impairments.

Summary - Retardation

Myths:

1. Once diagnosed retarded, children remain that way.
2. A low I.Q. indicates low adaptive skills.
3. Down's syndrome children are happy, compliant children.
4. The retarded learn differently than other children.
5. Mildly retarded children require a different curriculum.
6. Most mental retardation is diagnosed in infancy.
7. Most mentally retarded children look different.
8. In most cases, cause for retardation can be identified.

Psychological, Behavioral Characteristics:

1. Reduced ability to learn.
2. Attentional disabilities.
3. Memory disabilities.
4. Language problems.
5. Lag in academic achievement.
6. Candidates for social/emotional problems.

Educational Considerations, Managing the Child in School:

1. Emphasize readiness skills.
2. Less academic orientation.
3. Self-help skills.
4. Communication skills.
5. Personal/social skills.
6. Physical education very important.
7. Functional academic skills (counting change).
8. Vocational orientation (even in elementary classes)
9. Small steps.
10. Drill, repetition.
11. Verbal rehearsal.
12. Positive reinforcement.
13. Continuous assessment.

Summary - Speech/Language Disabilities

Myths:

1. Children with language disorders always have speech disorders as well.
2. Speech/language disorders go with retardation and emotional disturbances.
3. Dialects are really speech disorders.
4. Stuttering and high I.Q. go together.
5. Phonation disorders are easily correctable.
6. Cleft palate causes speech disorders.
7. There is no relationship between speech/language disorders and intelligence.

Physchological, Behavioral Characteristics:

1. Generally inferior to normal children in I.Q., achievement and social/emotional adaptation.
2. Potential for problems is high but peer/adult response makes a great difference.

Educational Considerations, Managing the Child in School:

1. Early identification, intervention.
2. Use play with verbalization.
3. Use functional language activities.
4. Use referrals to speech pathologist.
5. Provide enjoyable activities that can be talked about.
6. Reward desirable speech and language.
7. Teacher should be receptive audience.

Summary - Hearing Impairment

Myths:

1. Deafness leads to inability to speak.
2. Deaf children have lower I.Q.s.
3. Sign language is detrimental to oral language.
4. American sign language (ASL) is a loosely-structured language.
5. A hearing aid will not help deafness due to nerve or brain damage.
6. Hearing aids are for severe hearing loss.
7. Hearing aids can make hearing normal.
8. High frequency hearing loss cannot be corrected.

Psychological, Behavioral Characteristics:

1. Hearing impaired are generally language deficient.
2. Conceptual ability often is impaired.
3. Cognitive ability is often impaired.
4. Academic achievement will be slower (particularly reading ability).
5. Social/emotional adjustment is highly dependent on how others react to the child.

Educational Considerations, Managing the Child in School:

1. Auditory training (remaining hearing).
2. Total communication approach.
3. Arrange seating to aid speech reading.
4. Environmental stimulation.
5. Nonverbal cues (body, hand movement)
6. Firm, consistent expectations.
7. Keep auditory and visual distraction to a minimum.
8. Teacher should speak naturally but stand still.
9. Encouage the child to ask questions.
10. Utilize visual aids.

Summary - Emotional Disturbance

Myths:

1. Most disturbed children escape notice.
2. Disturbed children are usually bright.
3. Withdrawn children are the most seriously disturbed.
4. Disturbed children need a permissive environment.
5. Only psychological help can assist the child in overcoming problems.
6. Undesirable behavior is only a symptom; the causes are hidden deep in the child's psyche.

Psychological, Behavioral Characteristics:

1. Average I.Q. around 90 (dull normal)
2. Underachievement in school.
3. Acting out behavior.
4. Immature, withdrawn behavior.
5. Lack of daily living skills - learned helplessness.
6. Often perceptual deviations - vision, hearing.
7. Cognitive deficits - untestable.
8. Reacts to people as physical objects - lacks emotions.
9. Language/speech disorders.
10. Self-stimulation.
11. Self-injury.
12. Aggression toward others.
13. Poor prognosis for recovery.

Educational Considerations, Managing the Child in School:

1. Downplay emphasis on academic work.
2. Emphasize art, music, other creative arts.
3. Emphasize daily living skills, where appropriate.
4. Reward positive behavior.
5. Where possible, involve parents, community resources.
6. Provide a firm, structured, highly predictable classroom environment.
7. Communicate clearly expectations, establish limits.
8. Have realistic expectations.
9. Empathize.

Summary - Learning Disabilities

Myths:

1. Learning disabilities are not related to environmental disadvantage.
2. Learning disabilities are not related to mental

retardation, emotional disturbance.
3. All learning disabled children have brain damage.
4. A mixed dominant child will have a learning disability.
5. All learning disabilities are related to perceptual problems.
6. Perceptual/motor training will lead to academic gains.
7. Brain damage is usually diagnosable.
8. The teacher needs to know the cause of a learning disability.

Psychological, Behavioral Characteristics:

1. Hyperactivity.
2. Perceptual/motor difficulties.
3. Frequent shifts in mood.
4. Coordination deficits.
5. Short attention span, lack of perseverance.
6. Impulsivity.
7. Memory, thinking disorders.
8. Specific academic problems - reading, writing, spelling.
9. Speech, hearing, language problems.
10. EEG irregularities.

Educational Considerations, Managing the Child in School:

1. Early identification.
2. Pre-academic skills.
3. Have child work on a level commensurate with ability, not intelligence.
4. Give clear instructions.
5. Reduce distractions.
6. Present clear, firm behavior expectations.
7. Break work down into small, manageable units.
8. Reduce frustration.
9. Emphasize social adjustment as well as academic skills.
10. Use peers to tutor and assist the learning disabled child.

Summary - Gifted

Myths:

1. Gifted children are physically weak/socially inept.
2. Gifted children are "superhuman."
3. Gifted children are usually bored with school.
4. Gifted children tend to be emotionally unstable.
5. Gifted children are often morally and ethically lax.
6. Giftedness is a stable trait in all periods of life.
7. Gifted children do most everything well.
8. A child is gifted if he/she scores above a certain I.Q.

Psychological, Behavioral Characteristics:

1. Superior physically, socially, intellectually, academically.
2. Only moderately creative.
3. Highly verbal.
4. Intuitive and insightful.
5. Often unaccepting of other viewpoints.
6. Self-directed.

Educational Considerations, Managing the Child in School:

1. Enrichment.
2. Ability grouping.
3. Acceleration.
4. Community resources.
5. Adjust requirements, make work challenging.
6. Utilize gifted children as peer tutors.
7. Allow independent work.
8. Work with parents to reduce pressure on the child.
9. Emphasize other parts of learning besides academic.
10. Formalize fantasy, daydreaming.

APPENDIX J

Contents Of Special Education Procedures Manual

Chapter 1 - Rationale

Chapter 2 - Organization and Operation of Special Education at Central Christian School

Chapter 3 - Summary of Handicapping Conditions

Chapter 4 - Screening Processes and Procedures

Chapter 5 - Testing Process and Procedures

Chapter 6 - Referral to Outside Agencies

Chapter 7 - Listing of Outside Agencies

Chapter 8 - Teaching Techniques for the Regular Classroom Teacher

Chapter 9 - Forms and Record Keeping

Chapter 10 - History and Description of Special Education Inservice Training at Central Christian School